



## 2 B. CHRONIC INFLAMMATORY DISEASES OF THE SKIN.

### GROUP I. SCALY ERUPTIONS\*.

THESE are characterized by patches of opaque, whitish, or greyish scales, more or less thick, dry, flexible or friable; and either detached from, or firmly adherent to, the skin.

The scaly patches develop themselves slowly; have no definite duration; and are not attended by any very obvious fever, or state of general excitement. They appear most frequently on the extremities; but, occasionally, on the trunk of the body and the head. In some instances, the scales are thin, light, and apparently consist of the natural scales of the epidermis, which have become dry and detached; in other instances, they are thick, and appear to be formed of the cuticle morbidly changed. Both these varieties of scales differ materially from the crusts or scabs, which constitute the second stage of pustules and vesicles; or those which form on superficial ulcers.

The scaly eruptions are more common among the lower, than either the higher or the middle classes of society. Women are more liable to their attacks than men; but no age nor temperament is more exempt than another. Their invasion is most common in spring and autumn: they nevertheless appear at all seasons.

The scaly eruptions generally make their appearance in the form of small, red, distinct specks, which gradually rise above the surface of the skin, harden, and form whitish or greyish scales on their summit. These inflammatory points

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\* VERN. SYN. *Λεπρός* (G.): Squammæ (L.): Kuba or Kouba (*Arab.*): Perjun (*Pers.*).

NOS. SYN. *Lepidosis* (Young—Good): Inflammations Squameuses (*Rayer*): Squammes (*Cazenave—Schedel*): Squammæ (*Willan*).

enlarge and coalesce into patches, which assume various forms ; and, when the patches are extensive, the quantity of scales which separate is very considerable. On detaching the scales forcibly, the parts beneath are smooth and red ; and they do not rapidly regain the natural appearance of the skin.

When the scaly diseases are severe and of long continuance, the skin becomes morbidly thickened, and fissured ; and, in some of the eruptions, the inflammation is sufficient to affect, and even to destroy the parts of the skin on which the patches are seated. The eruptions are sometimes, but not always, accompanied with itching or tingling ; and this is augmented by exposure to heat, or by any causes which elevate the temperature of the body. The perspiration is obstructed in the parts covered by the scales : thence, when the patches are large, and so numerous as to extend over the greater part of the skin, the general perspiration is checked, and the pulmonary exhalation and the urine are proportionally greater.

There appears to be a peculiar predisposition in some habits to the attacks of the scaly eruptions ; and, in many instances, this has appeared to be hereditary. In this condition of the system, any derangement, primary or secondary, of the digestive organs, acting by sympathy upon the skin, may excite partial inflammation of the blennogenous organs\*, and of the sudoriferous glands and their exhaling ducts : thence the morbid alteration of the cuticular scales, and their detachment from the cutis. This opinion, however, is purely hypothetical ; and it is only advanced in defect of a more satisfactory explanation of the origin of these eruptions. The inflammation, however, which is excited, is of a chronic kind.

The dry scaly form of the eruptions, in this group of chronic diseases of the skin, is sufficient for diagnostic purposes : for, although some papular and vesicular eruptions form scaly crusts towards their termination, yet, the previous character of these eruptions, and that of the crusts themselves, which are not thin, dry, and friable, and whitish, but soft, or more or less moist, and adhering, marks the difference.

The scaly eruptive diseases, even when they are severe,

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\* *Nouv. Recherch. sur la structure de la Peau*, par Breschet et Vauzème.—*Ann. des Sciences Nat.* 1834.



and of long continuance; and even when they resist the influence of the most energetic medicines, rarely terminate fatally: thence the prognosis is always favorable.

There are three genera of scaly eruptions; namely, 1, PITYRIASIS; 2, LEPRA; 3, PSORIASIS. Willan and Bateman have certainly erred in placing Ichthyosis in this group; for it is unattended by inflammation, or morbid heat, itching, or tingling; and it is not preceded by any redness of the skin. I have, therefore, removed it from the group.

I think it useful, however, for practical purposes, to place the varieties of syphilitic eruptions under the groups with which they most coincide in their external characters: consequently, those of a scaly nature are embraced in the present group.

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## GENUS I. PITYRIASIS\*.

Pityriasis is a slight, superficial, chronic inflammation of the skin, occurring in irregular patches; productive of very thin, small, branny, white, micacious-like scales, which are easily detached, and rapidly reproduced: it never terminates in ulceration. During the successive desquamations of the scales, a new cuticle forms, which undergoes the same process, and, in its turn, becomes scaly, whilst the branny scales enlarge, but never to any great extent. The patches of Pityriasis sometimes are dispersed generally over the body†. In most instances, in children, it is confined to the hairy scalp, extending down upon the forehead and the temples; sometimes to the cheeks, the lips, and the chin. In old people, it occupies the scalp chiefly; but, occasionally, it appears on the eyebrows. I have seen it upon the sides, the axillæ, the pubis;

\* The name Pityriasis is derived from the Greek word *Πιτυρον*, signifying *bran*. Dr. Bateman has justly remarked, that all the translators of the Greek writers have rendered the Greek term *Πιτυρίασις* by the word *Porrigio*, “which,” he adds, “according to Celsus, comprehended the ulcerations, pustules, or achores of the Greeks.” (Synopsis, 7th edit. p. 71.) The passage in Celsus, however, is extremely obscure, and leads to the supposition that the two diseases were confounded together. “*Porrigio autem est, ubi inter pilos quædam quasi squamulas surgunt, eaque a cute resolvuntur; et interdum madent, multo sæpius siccæ sunt. Idque evenit sine ulcere, modo exulcerato loco: hinc malo odore modo nullo accendente.*” (Celsus de Medicina, lib. vi. c. ii.) Paulus Ægineta, gives the following correct definition of the disease. “Pityriasis is an eruption of small furfuraceous substances on the skin of the head, or the rest of the body, without ulceration.” (Lib. iii. c. iii. trans. by Francis Adams, Esq. vol. i. p. 239.) Alexander Trallianus describes it as consisting of “thin and branny corpuscles, exfoliated from the scalp, and also from other parts of the body, without ulceration.” (Alex. Tral. lib. i. c. iv.) Lorry and Joseph Frank both mention it under the name *Porrigio*: “*Porrigio, Græcis Πιτυρίασις,*” says Lorry, “*morbis est capitis cuti proprius.*” (De Morbis Cutaneis, cap. iv. art. iv. p. 458.) Frank thus expresses himself:—“*Desquamationo epidermis, nulla prævio, aut præsentis, vitio originem debens, relicta abnormi pellis subjacentis conditione, porrigio dicitur.*” (Frank Prax. Med. Universæ Præcepta.)

VER. SYN. *Πιτυρίασις* (G.); *Porrigio* (Lat.); *Schuppen*; *Hamptschuppen* (G.); *Zemelagtiheid* (Dut.); *Dartre* (F.); *Shoondoo* (Tam.); *Buffa* (Duk.); *Tsoondoo* (Tel.); *Dandriff* (Eng.).

NOS. SYN. *Pityriasis* (Alex. Tral.; Actuar; Paul. Ægineta; Willan; Bateman; Swed.); *Tinea porriginosa* (Astruc); *Ephelis* (Auct.); *Furfurisea* (Gilbert); *Tinea furfuracea* (Sennert); *Rayer*; *Bielt*; *Cazenave et Schedel*; *Porrigio* (Celsus, Lorry, Frank); *Alvarati* (Avicenna); *Crusta capitis numatoris* (Frank); *Lepidosis Pityriasis* (Young, Good); *Dartre furfuracée volante* (Alibert); *Herpes furfuraceus* (Paget).

† Green on Diseases of the Skin, p. 233.

and, in a few instances, confined to the legs. It is a very common disease of children, in every class of society: it displays itself very early, and often increases with the years of the individual. It is confined to neither sex. It is not, to my knowledge, hereditary; nor is it contagious.

Four species of Pityriasis are described in the Synopsis of Dr. Bateman; namely, *P. capitis*, *P. rubra*, *P. versicolor*, and *P. nigra*\*. I reject the two latter altogether from the genus, for the following reasons. *P. versicolor* does not seem to be the result of any inflammatory condition of the surface, either acute or chronic; and, as Rayer† properly remarks, it has a greater affinity with Cloasma than with Pityriasis. The *P. nigra* of Willan I consider altogether out of place here; for, although it is attended by a furfuraceous desquamation of the cuticle, yet it originates in a papulated state of the skin; consequently it rather approximates to Lichen than to Pityriasis‡. I am also of opinion that the *P. capitis* and *P. rubra* of Willan and Bateman are merely varieties of the same disease; consequently, that there is only one species of the disease, which may be named

#### PITYRIASIS *vulgaris*.

That variety of the disease which, regarded as a species, has been named Pityriasis *capitis*, may be aptly designated *P. alba*. It appears most commonly in infancy and in old age.

S. The first or inflammatory stage is so slight, that scarcely ever is it recognized until the desquamation, which is attended with itching, commences. The scratching which this induces detaches the scales; and these, becoming entangled in the hair, afford the first indication of the presence of the disease. If the head be then examined, patches of extremely small, thin, white, dry scales will be seen scattered over the scalp, sometimes separate, at other times confluent, so as to cover a considerable portion of the surface (Pl. 1,

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\* Synopsis, 7th edit. p. 71.

† Traité Théorique et Pratique des Mal. de la Peau, t. ii. p. 56.

‡ The disease described by Cazenave and Schedel, as it occurred in Paris in the years 1828 and 1829, which Dr. Green (Practical Compendium, p. 232) regards as a true Pityriasis *nigra*, I have never seen.



fig. 1, *a*). The scales, which partially adhere by one edge, constitute several layers; and it is only after forcibly removing these that we observe a somewhat moist and inflamed spot: but the moisture, as well as the inflammation, is slight. The exterior layer of scales is detached with the slightest touch; and, if the whole be rubbed off, a new cuticle, redder than natural, rapidly forms, and undergoes the desquamating process. But, before this takes place, the redness disappears, and the patch seems paler than the rest of the scalp. When the scales of the earlier patches are separately examined, they closely resemble, both in size and aspect, those of bran. But, after many successive desquamations, when the eruption has acquired a chronic character, they are much larger and thicker; but they never assume the form of crusts or scabs. In infancy, as the disease progresses, the itching sometimes becomes so great as to irritate, and prevent the child sleeping, from the constant necessity of rubbing the head upon the pillow. In advanced age, also, the itching is a source of considerable irritation, especially when the eruption attacks the eye-brows. The patches which appear on the forehead, the temples, and other parts of the face, itch much less than those upon the hairy scalp, or on other parts of the body covered with hair.

The second variety, Pityriasis *rubra* of Willan and Bateman, is a more severe form of the disease. It appears in adult age and advanced life, generally upon the trunk of the body and the extremities. I once saw the disease, however, in a young lady of twelve years of age. The primary inflammation is more decided in this than in the former variety. The spots are of a dull red, almost approaching to a livid hue; but certainly not resembling those of Psoriasis *diffusa*, to which Bateman compares them\*. They are small at first, smooth or oily looking, and slightly elevated, so that the cuticle feels rough to the hand when it is passed over it. These spots soon coalesce into patches; and when the scales fall, a reddish cuticle remains, which undergoes a similar process; the quantity and the adhesiveness of the scales increasing with each successive exfoliation. The branny scales adhere by their centre, and curl up at each side. When the disease yields,

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\* L. c. p. 72.

either spontaneously or to remedies, both the scales and the redness of the cuticle disappear; but the patches often acquire a dull brownish-yellow hue, not unlike that of a faded leaf, which remains for some weeks.

This variety of Pityriasis is more connected with constitutional disturbance than the former. The symptoms are, usually, much languor and depression of spirits, with low fever; considerable restlessness, but nevertheless an aversion from bodily exertion; an uncomfortable feeling of tension or stiffness; a dry and unperspiring surface; and the most distressing itching. In one case, a sensation of heat or burning was felt extending along the spine. These symptoms appear, run their course, decline, and reappear at short intervals; thus prolonging the disease, and leaving the patient little repose.

D. Several cutaneous affections terminate in desquamation, from which, consequently, Pityriasis must be distinguished. On examining the exfoliations in these diseases, however, it will be found that, instead of the thin branny scales of Pityriasis, they are farinaceous. Such is the case in scarlatina and some other exanthemata, in which the cuticle exfoliates on the decline of the eruptions. But the previous symptoms, and the history of the cases, are sufficient to prevent them from being confounded with Pityriasis. The desquamations which follow Lichen, chronic Eczema, and some of the Ephelides, are more likely to mislead the inexperienced; but the diagnosis is cleared by the scaliness not recurring a second time, or in successive crops, as in Pityriasis. The colour which sometimes remains after Pityriasis *rubra*, may cause it to be mistaken for an eruption depending on secondary syphilis; but the absence of the other usual symptoms, and the disappearance of the coloured spots in a short time, without any mercurial remedy, are sufficient diagnostic distinctions to prevent any mistake of this kind. There is no difficulty in distinguishing Pityriasis from Lepra, by the irregularity of the patches, their flat surface without a central depression, and the branny nature of the scales.

From Psoriasis *diffusa* the diagnosis is difficult; especially when the previous general symptoms in this form of Psoriasis have not been severe, nor very obvious, and when the scales are smaller than usual: but the inflamed bases on which the scales form, their greater thickness, and their adhesiveness, are sufficient to characterize that disease from Pityriasis.



The scurf which sometimes forms on the heads of infants from uncleanness, and that on the heads of dirty old men, is readily distinguished from Pityriasis, by not being a cuticular production, nor the result of inflammation.

C. The causes of Pityriasis are not always obvious. When it is confined to the hairy scalp, it seems to depend on congestion of the capillaries, as the nutriment from the bulbs of the hair is decidedly rendered defective by its presence, and the hair falls off; thence it is a frequent accompaniment of convalescence from acute diseases\*. Whatever may be the proximate cause, want of cleanliness, sudden alternations of heat and cold, a tropical sun, certain kinds of food, especially that which is of an acrid nature or highly seasoned—and, above all, painful and depressing moral influences—may be regarded as the exciting causes of Pityriasis. Almost every case of the variety *P. rubra* which I have seen has been traceable to the last-mentioned source.

P. It is scarcely necessary to remark, that although Pityriasis is a disease sometimes of long continuance and resisting obstinately the means employed to remove it, yet, in no case can it be regarded as involving danger. In some instances, however, it is indicative of states of the constitution, which render the individuals susceptible of hazardous diseases. The longer it has existed, the more difficult it is to be removed. The prognostic signs which characterize the decline of the disease, whether it occurs spontaneously or from the influence of remedies, are an abatement of the itching, a less abundant desquamation, the slower formation of the scales, and the skin gradually assuming its natural colour and smoothness. In addition to these, in *P. rubra*, the spots assume the faded hue which has been already described.

T. The treatment of Pityriasis *vulgaris* depends on the age and the general health of the patient. In infants, if they are nourished solely upon the breast, the nurse should be changed, if the eruption can be traced to no particular cause; and a moderate dose of rhubarb and magnesia should be daily administered. As the general health and the vigour of the child improve, the cure may be left to topical means, the chief of which

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\* Paulus Ægineta refers it to depraved humors, which have been determined to the head, or to saltish phlegm, or bilious, or melancholic blood (l. c. lib. iii, c. iii).

are daily ablution with tepid water and soap, and giving activity to the scalp by the regular use of a *soft* hair brush. In older children, and in adults, besides regulating the bowels, and avoiding an acescent or a fluid diet, it is sometimes requisite to remove the hair, and to employ a lotion, consisting of a fluid drachm of the solution of pure Potassa (Liquor Potassæ P. L.) in eight fluid ounces of Bitter Almond emulsion; or three grains of Bichloride of Mercury in the same quantity of the emulsion. In severe cases, in adults, when the eruption is seated on the trunk of the body, or on the extremities, a brisk cathartic should be administered once in two or three days; and the Carbonate of Potassa, in doses of eight to ten grains, with three grains of the Iodide of Potassium in two fluid ounces of any light bitter infusion, should be given twice or three times a day; and the warm vapour bath employed every morning. Dr. Green recommends the sulphur fume bath; and he adds, that “he never knew one instance of Pityriasis which resisted a few exposures to it\*.” He recommends the administration of a few doses of purgative medicine as a preparation for the use of the bath. I have never seen any cases that required the employment of so powerful a local stimulant†.

In the variety *P. rubra*, the condition of the general health requires to be enquired into. If the patient be advanced in years, and if a low febrile state is wearing down the strength, a combination of minute doses, namely, a sixth of a grain of Calomel, with three grains of James’s powder, should be given at bed time; and from two to three grains of Iodide of Potassium, and twenty minims of solution of Potassa in three fluid ounces of the decoction of Sarsaparilla or of Elm-bark, administered three times a day. Bateman says, “I have also seen it materially relieved by small doses of the Tinctura Veratri‡.” I have seen the mineral acids, more especially the diluted Hydrochloric, in doses of eight minims,

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\* Green on Diseases of the Skin, p. 236.

† The ancients were fond of employing topical stimulants in Pityriasis. Paulus Ægineta (lib. iii. c. iii.) recommends Cimolian earth, mixed with water and the juice of the Beet, to be left on the part to dry; and, after washing it off, to anoint the part with frankincense, wine, and oil. On the following day, the part was to be rubbed with stavesacre and oil.

‡ Synopsis, 7th edit. p. 73.



in two fluid ounces of decoction of yellow Cinchona bark, prove useful, when the alkalies failed to afford relief. The diet should be light, but nutritive: both fish and pork should be avoided.

Pityriasis *rubra* does not admit of topical applications of the same stimulant nature as those which are found beneficial in *P. vulgaris*. The itching is the most troublesome symptom, and requires the employment of sedatives rather than excitants. I have found the following lotion more rapidly and permanently useful than those containing either the Biborate of Soda, or Alum, or the Acetate of Lead.

℞ Potassæ Liquoris, f ʒi.

Hydrocyanici Acidi diluti, f ʒi.

Misturæ Amygdalæ amaræ, f ʒvii. M.

The simple vapour bath is always beneficial, especially in the evening, when the itching is most troublesome. Dr. Green regards the sulphur fume bath equally useful in this variety of the disease as in the former. I have had no experience of it. The Bath waters as a bath, in two cases, which I afterwards treated, augmented the itching and general restlessness. The tepid sea-water bath, however, is not liable to the same objection. As the beneficial result which follows, when it is judiciously employed, depends on the improvement to the general health, whatever augments the general tone of the system, and consequently allays nervous excitability, cannot fail to prove beneficial.

The following case is selected to illustrate the treatment of the severest variety of Pityriasis.

#### CASE I. (Pityriasis *rubra*.)

Mr. S——, a gentleman, seventy-eight years of age, of a melancholic temperament, tall, and of a spare habit of body, applied to me on account of an eruption which had for many weeks greatly annoyed him, and prevented him from sleeping, by the heat and itching with which it was accompanied. He was dyspeptic, with a tendency to hypochondriasm, which led him to imagine that he had caught the disease from his man servant who had been sent to an hospital on account of some cutaneous affection, the nature of which I could not ascertain from the description given of it. On examining the body, I

found that the eruption was seated on the back and thighs. On the lower part of the back and loins, it presented its nascent form, namely, small, dull, reddish spots, slightly elevated above the cuticle, each a few lines only in breadth, coalescing into irregular patches scarcely so large as a crown piece. The spots appeared somewhat unctuous: some were exfoliating thin, shining, branny scales. On the shoulders, where the eruption had run its course, were many pale, brownish-yellow patches, or maculæ, perfectly level with the cuticle, and free from scurf. On enquiring respecting the general health of the patient, I found that his spirits were much depressed; he had occasional tremors, and palpitation of the heart; his bowels were torpid, the stools pale; and his appetite had failed. His pulse was firm, but intermitting; and his tongue covered with a white fur, and indented on the margin.

From these symptoms, and his account of himself, I concluded that the eruption originated in a deranged state of the nervous system, which had terminated in dyspepsia, the immediate cause of the disease. The following medicines were ordered:

℞ Hydrargyri Pilulæ, 3ss.  
 Ipecacuanhæ Pulveris, 3ss.  
 Aloës Extracti, 3iss.  
 Hyoscyami Extracti, ʒi.

Ft. Massa in pilulas xxx, dividenda, e quibus sumatur una hora somni quotidie.

℞ Potassæ Liquoris, m. xxiv.  
 Potassii Iodidi, gr. ii.  
 Decocti Sarzæ, f ʒii. M.

Ft. Haustus bis quotidie sumendus.

He was directed to sponge the affected parts with hot water when the itching was violent: to live upon a light, digestible diet, such as should leave very little fæculent matter behind it; and to use the vapour bath every other day. After ten days, the mouth became slightly affected by the blue pill, and the alvine evacuations resumed their natural aspect. In six weeks every vestige of the eruption had disappeared. He has had two or three slight attacks since; but they readily yielded to the use of the draught.



## GENUS II. LEPRA\*.

Lepra is a chronic inflammation of the skin, characterized by scaly patches, of a circular form, elevated at the border, slightly depressed in the centre, and seated upon an inflamed base. At first, they are extremely minute (Pl. 1, Fig. 1, *a*), but they gradually enlarge and coalesce, forming patches of various dimensions and figure, in which, however, the circular forms of the component patches can always be traced (fig. 1, *b*). As the patches enlarge, they become depressed in the centre, and surrounded by a prominent circle of accumulated scales. They are, occasionally, spread over the greater part of the body; but, most frequently, confined to the extremities, appearing especially on those parts where there is little else than the integuments covering the bones; as, for instance, over the ulna, the tibia, and below the elbow and the patella. The intervening skin remains natural.

Lepra is far from being an uncommon disease in Great Britain, notwithstanding the following opinion of Heberden:

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\* Λέπρα (*Hippoc.* Aph. 20, 53), a λεπος, a scale. There is, however, no certainty that Hippocrates really meant the disease to which this term is now applied. In the *Isagoge*, attributed to Galen, we find the lepra of the moderns thus described:—"Lepra est cutis mutatio in habitum præter naturam fit, cum asperitate et pruritibus, doloribusque, nonnunquam et squamis decidentibus interim secus: plures hæc etiam corporis depasitur." Paulus Egineta describes it more accurately:—"Λέπρα, per profunditatem corporum cutem depascitur, orbiculatiori modo, et squamas piscium squamis similes dimittet." (*De re Med.* lib. iv. cap. 2. *De Lépra et Psorâ.*) Actuarius (*De Method. Med.* lib. ii. c. 2), and Aétius (*Tetrabibl.* iv. *Sermo* 1, c. 134) describe it, also, as appearing in the form of circular patches, and throwing off scales like those of a fish. Celsus describes *Lepra*, under the term *Vitiligo*, as a genus, containing three species; namely—Αλφος, Μέλας, and Λευκή; but the first only corresponds to the Lepra of the moderns: "color albus est, fere subasper, et non continuus, ut quædam quasi guttæ dispersæ esse videantur: interdum etiam latius, et cum quibusdam intermissionibus serpit." (*De Med.* lib. v. c. 28, § 19.) It is unnecessary to notice the confusion which has occurred from confounding this disease with the Leprosy of the Arabians, or Elephantiasis.

VER. SYN. Lepra (*F.*): Der Aussatz (*G.*): Lepra (*Ital. Span.*): Kushtu (*Hindos.*): Vullay Koostum (*Tam.*): Tella Koostum (*Tel.*): Sweta Koostum (*Sans.*): Suffaid Khere (*Duk.*): Velassa (*Malay.*).

NOS. SYN. Lepra *Græcorum* (*Auct. var.*): Αλφος (*Celsus*): Beras (*Auct. Arab.*): Lèpre (*Rayer, Meckel*): Lepriasis (*Good*): Lepra (*Willan, Young, Bateman*).

“ de vero scorbuto et lepra nihil habes quod dicam, non alter rarissimus est in urbibus, altera in Anglia pene ignota\*.” It is also not unfrequent in Ireland; and, indeed, it is common in most parts of Europe†. I have witnessed instances of it in all classes of society‡; in all sexes, although most commonly in the female sex; and in all ages, after the period of the second dentition: but never in infants, unless as a congenital syphilitic affection. It is sometimes hereditary; but it is not contagious. I have never seen it communicated, even in married life, nor when a person under the disease has slept with another free from it§.

Willan and Bateman have described three species of lepra:—*L. vulgaris*, *L. alphoides*, and *L. nigricans*: but my experience induces me to regard *L. alphoides* as a mere variety of the common lepra, in weakened habits; and *L. nigricans*, as the same disease modified by syphilis. If this opinion be correct, there is one species only of the disease; namely,

#### LEPRA *vulgaris*, COMMON LEPRA.

Few cases of common lepra occur, which are not preceded by some general indisposition; most commonly headache, languor, and slight fever||. These symptoms usually abate, when the eruption appears. In general, but not always, the eruption displays itself first on the extremities: it, however, occasionally appears on the trunk, especially on the lower part of the abdomen, or on the hips, before it invades other parts. It extends from the point where it originally appears, in distinct patches, spreading, if it commence on the extremities, from the arms to the chest and the shoulders, or from the thighs to the abdomen and the loins; or, it extends in the opposite direction when it commences on the trunk. The original patch always enlarges, and main-

\* Heberden, Comment. p. 201.

† Rayet, *Traité des Mal. de la Peau*. Encyclographie des Sciences Med.—Art. Lèpre.

‡ Lorry says it is most common among the poor, and ill-fed and clothed. *De Morb. Cutan.* p. 352.

§ Gordenius (Pars. i. c. 22) relates a ridiculous story of a physician who was infected by a young countess with whom he was too intimate. The disease was more likely syphilis.

|| See cases.



tains its superiority in size over all the others: it is, also, frequently the first which disappears from the influence of remedies. The face and the hairy scalp are sometimes the site of patches; but these never attain to the size of those on the other parts of the body. In very severe cases, the nails of the fingers and the toes become thickened, ridged, incurvated, opaque, and of a dirty yellowish colour.

The progress of the eruption in lepra may be divided into two stages.

In the *first* stage, after symptoms of general disturbance, occasionally so trifling as to be scarcely obvious to the patient, minute, solid, round, smooth, red points, slightly elevated above the surface of the skin, display themselves (Plate 1, fig. 1, *a*); and, in a few days afterwards, each is covered with a small, white, shining, micacious-like scale. These scaly elevations, more or less, gradually enlarge and thicken, always preserving the circular form (*b*); and, during their increase, if the scales be forcibly detached, the spot which they covered appears red, sometimes moist, bloody, and depressed; whilst, in the centre of the depression, a soft elevation or papilla is perceived. By degrees the circular scaly patches still further enlarge; but they always retain the circular form (fig. 1, *c*). The scales are not uniformly extended over the surface of the patches; they accumulate, one layer over another, at the circumference, so as to form an elevated, dry, pearly white, rough border around a somewhat depressed centre; the scaly circumference being bounded by a narrow reddish margin.

In the variety which Willan has named *L. alphoides*, the red boundary of the patches is scarcely perceptible, the patches themselves are smaller, more slowly formed, and occupy especially the extremities, whilst the scales themselves are smaller than usual, and of a very white, silvery hue. This variety, not uncommonly, appears in young girls, and only occasionally in adults of either sex\*.

The syphilitic virus modifies still more the character of the eruption in Lepra, and produces that variety which Willan

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\* The characters of this variety correspond with Celsus' description of the *Alphos* of the Greek authors, already quoted. It is the *Albida* of Good, who says it is the *Baras bejaz*, or *Bejaz*, of the Arabians: *Weisse Aussatz* (G.).

has described as a distinct species, under the name of *L. nigricans*. The modification thus caused shall be afterwards noticed.

The scales exfoliate spontaneously and irregularly, but successively, and leave a red, more or less smooth surface; or they are replaced by others.

In the *second* stage, the smaller circular patches become confluent on some parts, and form irregular, somewhat oval-shaped, larger patches (fig. 1, *d*); in which, however, as already mentioned, the circular form of the elementary patches can always be traced. These irregular, somewhat oval patches are, commonly, largest on the elbows, just below the knees, and on the upper part of the thighs.

During the progress of the second stage, fresh spots appear on different parts, extending to the shoulders and every part of the trunk of the body, sometimes to the hairy scalp, the temples, and the eyebrows. When the hands are affected, which is not common, except in very inveterate and long-continued cases, the epidermis under the finger and the toe nails becomes affected; and the nails are thickened from the deposition of imbricated lamellæ. Sometimes the surface which secretes the nail inflames, to a more than usual degree, and oozes out an acrid discharge.

I have never seen the scales accumulate in such quantity as to impede the motion of the joints; but cases of this kind are recorded.

When the cure is progressing, whether spontaneously or from the use of remedies, no new scales form where the old have fallen off. The patches first present, in their centre, an approach to the healthy aspect of the skin; the part then assumes a greyish or yellowish hue; and, the circumference remaining little changed, the smaller patches display an appearance somewhat like a ring; whilst, in the larger blotches, the circular patches which form the border are broken, and appear separated by portions of healthy skin (fig. 2, *e*): by degrees these spots become paler, and ultimately wholly disappear (fig. 3, 4).

Although the progress of the symptoms are usually such as has been described, yet, occasional anomalies present themselves. Thus, in some cases treated at the Hospital Saint



Louis under Bielt, large circular patches, nearly a foot in diameter, appeared on the back, constituted of prominent margins, a few lines in breadth, smooth and red, whilst the centre remained natural. In no instance have I observed rhagades.

In both stages of the disease, the eruption is attended by a slight itching, or rather tingling, which increases when the body is heated, either by exercise or by external heat; and when the atmosphere is loaded with moisture. The itching is most troublesome at night. When the attack is very severe, and the patches are large, tension of the skin and pain supervene; and, under some circumstances, they become “so great as to prevent the free movement of the limbs and confine the patients to bed\*.” I have rarely, however, found confinement to bed necessary from this cause; and, although the irritation is considerable, yet, I have never been able to perceive any fever sufficient to account for it: indeed, the constitutional disturbance, after the disease is fairly formed, is trifling; except in some severe cases, which are often accompanied by fever, anxiety, and augmented irritability.

D. The disease with which Lepra is most likely to be confounded is *Psoriasis*. This, however, cannot occur, if attention be given to the character of the eruption, independent of the dyspeptic condition of the habit with which the latter disease is always associated. In *Psoriasis*, the scales are smaller, thinner, more transparent and flexible, than in Lepra: the patches are not circular, but irregular, in their form, not elevated at their circumference, nor surrounded by the same kind of inflamed margin as in Lepra. The patches in *Psoriasis* are also fissured; and the whole skin is more sensitive and irritable than in Lepra. The species of *Psoriasis* most resembling Lepra is *P. guttata*; but, even in this species, the primary red points are less elevated; and, as they advance, they do not retain so constantly the circular form. Paulus Egineta, among the ancients, has justly laid much stress upon the form of the patches, as marking the diagnosis between the two diseases, “*Φωρα*,” he remarks—“autem magis in superficie hæret et varia figurata est.” (Lib. v. cap. 2.) The cen-

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\* Bateman, Rayer, l. c.

tre of the patch is not depressed as in *Lepra*. The decline of this form of Psoriasis, however, somewhat resembles that of *Lepra*. Sometimes the patches become first healthy in the centre, and resemble segments of circles; but the different character of the marginal circle of these segments readily assists the diagnosis.

There is no difficulty in distinguishing *Lepra* from *Lichen*, or from *Porrigo scutulata*, even when it appears on the trunk of the body. It is remarkable that Plenck and Chiarurgi have confounded it with *Ichthyosis*.

C. Much obscurity hangs over the causes of *Lepra*. It is sometimes hereditary: but its development, when this is not the case, seems to be favored by various circumstances, of a nature to lower the vital energies. It is certainly of more frequent occurrence in cold and humid, than in temperate and dry states of the atmosphere. Instances have happened which could be traced to diet of a description likely to excite irritation, and at the same time not capable of affording much nourishment; as, for example, spiced food, pork, fish, more especially shell fish; and alcoholic liquors\*. It has also appeared after violent and long-continued exercise†. Willan regarded the action of certain dry powders upon the skin as likely to produce it. But this opinion, which has been successfully combated by Bateman, is erroneous; since young women in the upper classes of society, in whom cleanliness and daily ablutions are objects of constant attention, sometimes suffer from attacks of the disease.

I know of no cause so likely to produce *Lepra* as chagrin and anxiety of mind; especially when these evils are the companions of poverty, and its attendant, defective diet. The ancients seem to have been aware of this fact; as they referred the disease to “melancholy, with salt phlegm, meeting in a dry and hot constitution.”

With respect to the proximate cause of the disease, Willan supposes it to be induration of the cuticular papillæ. Mr. Plumbe conjectured that the vessels, which secrete the epidermis, are in a morbidly irritable condition; and consequently, acting hurriedly, secrete it in an imperfect manner,

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\* Bateman.

† Rayer.



and form the scales. This opinion is combated by Rayer, as not capable of explaining the circular form of the patches; and he thinks that the papillæ are more developed than in the healthy condition of the skin. Dr. Duffin gives the following as his opinion of the proximate cause of the disease:—"I imagine that the primary evil lies in the secretions of the true skin, which, becoming vitiated, by their local irritation, induce chronic or subacute inflammation of the vessels that either nourish or produce the cuticle\*." That the morbid condition of the true skin is the origin of the eruption in *Lepra* can scarcely be doubted: but, nevertheless, this opinion is not free from objection. The circulating fluids are undoubtedly in a diseased condition; the assimilating process is consequently affected, and the secretion of the skin being modified, morbid depositions form upon it.

With the view of hazarding a conjecture respecting the proximate cause of *Lepra*, let us enquire into the nature of the cuticle, and "its matrix, the most superficial layer of the cutis†." The cuticle itself consists of horizontal lamellæ, made up of minute plates or scales, in the centre of each of which is a nucleus. The cuticle rests on the papillæ of the skin; consequently its inner layer presents numerous depressions corresponding to the papillæ. This inner layer is soft and pulpy; but the outer layers are firm and elastic.

According to M. Breschet, the organs which produce the cuticle are of two distinct kinds:—1. glands secreting the scales; 2. another set of glands secreting a mucus, which, being mixed with the scales, hardens them and forms the cuticle. These latter organs, however, namely, the blenno-genous apparatus of Breschet, are probably, as M. Guret remarks, merely sudoriferous glands. Now, if such a mucus is secreted, and is requisite for hardening the cuticular scales, it is easy to imagine that its too abundant secretion, from increased action in the capillaries supplying it, would produce a thickened state of these scales: and, if we can suppose that the inflammation begun in a gland is communicated to those surrounding it to a certain extent, equally on every side, the

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\* Edin. Med. and Surg. Journ. January 1826.

† Muller, Elem. of Physiology—Trans. vol. i. p. 386.

result would necessarily be the communication of the circular form to the inflamed groups of blennogenous glands, and a circular deposition of the diseased scales. What change takes place in the components of the blood, to cause the alteration from the normal state of the secretion, I will not venture to conjecture ; but, whatever it is, it must be greatly influenced by the condition of the nerves : consequently, whatever acts upon them, so as to affect their influence in a certain manner, may operate as a predisposing cause of Lepra. We know that depressed nervous power, the effect of certain passions of the mind, alters and renders morbid the cuticular secretion, causing the dry skin which attends many acute diseases : and we also know that anxiety, chagrin, and similar mental states, are amongst the most common causes of Lepra. We know, also, that the state of the secreting organs affects the quality of the secretion, and that an impression made upon one tissue changes the action in another : thence, improper and stimulant food, and alcoholic fluids taken into the stomach, deranging the condition of the mucous membrane, may become causes of Lepra.

P. Lepra cannot, generally, be regarded as a dangerous disease ; but it is often extremely difficult of cure. Cases of it have come under my management of eight and ten years' standing ; but I have never seen it prove fatal. Richter, nevertheless, mentions its fatality under peculiar circumstances. The patient becomes languid and restless at night, with symptoms closely resembling those of asthma, accompanied with excessive foetid sweats. His voice is hoarse, his appetite for food voracious, and his temper gloomy. Faintings, convulsions, and local paralysis follow, and he dies completely exhausted\*.

The disease sometimes assumes an intermittent character, spontaneously disappearing, and again returning after a short interval, for several successive times ; but usually it increases when left to itself.

T. In the treatment of Lepra, notwithstanding the opinion of Rayer and others that our chief object should be the extension of external applications, I am of opinion that our sole

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\* *Specielle Therapie*, vol. vi. p. 440.



reliance is to be placed upon internal remedies, in conjunction with repeated, moderate bleedings. It must be admitted, however, that no eruptive disease requires the treatment to be so much varied, according to circumstances, as Lepra. The duration of the disease is undetermined; it is always more or less tedious. It is most difficult of cure in old people; and in cases which depend upon hereditary pre-disposition: it is most easily removed when the eruption occupies only the extremities.

If the view of the proximate cause of the disease which I have ventured to give be correct, the remedial measures should be those which will relieve capillary congestion when it exists; and those which, whether topical or general, are calculated to excite moderately the minute vessels of the skin, and change the morbid action, under which they are labouring, to that of health. But to confine our attention solely to the state of the skin would be to proceed upon grounds neither warranted by true pathology nor correct observation. It is no argument against regarding the eruption merely as a symptom, that no febrile condition can generally be detected. Some functional derangement must exist, however obscure; and if its nature cannot be detected, we must be guided by the extent and severity of the eruption, in determining the treatment. In every case, the age, the constitution, and the occupation or habits of the patient, must be considered.

*Bleeding* was, long since, recommended by Willis\*, as an important part of the treatment of lepra; and the practice has been followed by later physicians†: but it is supposed to be necessary only when the patients are young, strong, and plethoric; when the pulse is full and hard; and the margins of the patches are much inflamed. I have, however, seen no case of *Lepra vulgaris*, nor indeed of *L. alphoides*, which has not required, and been benefited by, blood-letting: but, at the same time, I must mention that I have found more advantage arise from small repeated bleedings of from six to eight ounces, than from the abstraction of larger quantities of blood. By moderately unloading the vessels, a fresh im-

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\* De Impetigine sive Lepra Græcorum, sect. viii. c. 7.

† Willan, Bateman, Bielt, Rayer.

pulse appears to be given to the action of the capillaries ; and the salutary effect is rapid and very obvious.

Bleeding, besides, opens as it were the passage for medicines to enter the system, and thence promotes their efficacy. I have frequently seen the debility which attends obstinate and long-continued attacks, yield to the repetition of small bleedings, from the reaction which has followed. But there are no rules free from exception ; and it is scarcely necessary to caution against the employment of the lancet in worn-out constitutions. Rayer recommends to apply leeches repeatedly to the edges of the large patches. I have never seen any necessity for local bleeding of this description ; and, therefore, I can say nothing from my own experience respecting its influence : but Biett appears to have observed no advantage from it. “ Proposer d’appliquer des sangues aux environs des plaques, c’est presenter un moyen dans la plupart des cas, impraticable, et dans tous sans aucun resultat heureux\*.” In cases of *L. alphoides* in weak and languid habits, I have frequently observed the patients gain strength and flesh, after two or three small bleedings.

*Purgatives*.—It might be supposed that, if bleeding prove so serviceable, *purgatives* must be indicated. They were formerly much employed, when the humoral doctrine prevailed. They are recommended by Rayer, in conjunction with the tepid bath. Biett speaks still more favorably of them. In recent cases, he administers, every morning, four grains of calomel, either alone or in combination with the same quantity of jalap, or followed by half an ounce of sulphate of magnesia, or of sulphate of soda, in some bitter infusion ; or he orders aloes, or extract of colocynth, or camboge, alone or combined. He puts much stress on the daily use of calomel, which sometimes salivates, and probably acts more beneficially from its alterative than its purgative properties. My own experience authorizes me to say, that, although the bowels ought to be regularly moved, yet, I have observed no decided advantage to arise from a course of simple purgatives.

Among the purgatives, sulphur has been prescribed ; but

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\* Abrégé Pratique des Maladies de la Peau, &c. par A. Cazenave et H. E. Schedel, Paris 1828, p. 299.



I have never observed any advantage to result from its employment.

*Alteratives.*—When calomel is given, and continued in doses sufficient to affect the gums, I have found that hydragogue purgatives are serviceable in aiding its introduction into the habit. Salivation, or even an approach to it, in no instance which I have seen, is requisite for the cure of Lepra. Mercurials, if employed, should be administered in minute doses, merely to operate as mild alteratives. Bichloride of mercury, in doses of a tenth of a grain, has proved useful; but its value has been greatly overrated. It was regarded by Willan as the only mercurial useful in Lepra. It is generally ordered in conjunction with the decoction of dulcamara, which was first introduced, as a remedy in Lepra, in France, by M. Carriere; and, soon afterwards, in this country, by Sir Alexander Crichton\*. Both Willan and Bateman† regard it as “one of the most effectual remedies for Lepra, under all its varieties. It has been very generally employed by British practitioners; and its powers have also been fairly tested on the Continent, by Razou, Bertrand-Lagressie, Alibert, Bielt, Rayer, and others. Among these, Alibert and Bielt have found no reasons for relying upon it to the extent which Carriere, Crichton, and Willan have done. I have seen it exert some beneficial influence in mild attacks; but, in severe cases, even when the dose has been carried to the extent of causing nausea and vertigo, it has done so little good, that, for several years past, I have ceased to prescribe it. It assuredly possesses no advantages over the decoctions of sarsaparilla, guaiacum, elm-bark, or mezercon, all of which have had their strenuous advocates, and undoubtedly are useful,—but only as auxiliaries.

The hydrargyrum cum creta is a good substitute for the bichloride of mercury, when much acidity of stomach prevails.

The alterative properties of mercurials in lepra are increased by the addition of antimonials, especially the potassio-

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\* In Sir A. Crichton's Communication to Dr. Willan, he states that he cured twenty-one cases in twenty-three, by the decoction of Dulcamara.—Treatise on Cutaneous Diseases, p. 145.

† Practical Synopsis of Cutaneous Diseases, 7th edit. p. 50.

tartrate of antimony ; although, when given alone, that preparation is of very doubtful efficacy.

I have found no combination of mercury equal to that with iodine, in the treatment of Lepra. The biniodide, in doses of a sixth to a fourth of a grain, seems to exert almost a specific influence upon the morbid state of the skin ; and, when given at the same time as the iodide of arsenic, and aided by blood-letting, it has rarely failed in rapidly and permanently curing the most inveterate cases of the disease. As the acrimony of the preparation has sometimes greatly disturbed the alimentary canal, I have usually combined it either with opium or conium ; and I have always carefully avoided pushing it to ptyalism. Candour obliges me to admit, that, as I have usually prescribed the biniodide in conjunction with the iodide of arsenic, it is difficult to say what share the mercurial had in the cures ; and, in cases where idiosyncrasy prevented me from employing arsenicals in any form, I have seen the beneficial properties of the biniodide very obviously displayed.

No medicines, possessing alterative properties, have so deservedly obtained the confidence of the profession, for the cure of Lepra, as the arsenical preparations\*. That one which has been longest and most commonly employed, is Fowler's solution, the solution of arsenite of potassa of the London Pharmacopœia. It is usually prescribed in doses of four or five minims at first, and the dose gradually augmented to the extent which the patient can safely sustain. It is always advisable to suspend, occasionally, the use of the medicine for a few days, and to recommence it with a smaller dose than that at which it was left off. Much caution, indeed, is requisite in augmenting the dose ; and the influence of each increase cannot be too closely watched.

There seems, nevertheless, to be, in some habits, a singular power of resistance to the deleterious influence of the arsenical solutions which permits the dose to be carried to an almost incredible height† : but, as this depends on idiosyncrasy, as much caution is requisite in the administration of

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\* They have been strongly recommended by Girdleston, Willan, Bateman, Duffin, Plumbe.

† In one instance I carried the dose to the extent of sixty minims three times in twenty-four hours, and continued it for ten days, without any injury.



arsenical preparations in Lepra as in other diseases. The solution may be prescribed in the decoction of Dulcamara, or that of Sarsaparilla, or of the Elm-bark ; and its efficacy is said to be augmented “ by employing, for common beverage, water slightly acidulated with nitric acid and sweetened.

For some years past I have been in the habit of prescribing the Iodide of arsenic\*, in preference to the solution of the Arsenite of potassa ; and I have had numerous opportunities of witnessing its superior efficacy. The dose at first should not exceed one-tenth of a grain ; and in no instance has it admitted of being carried beyond one-third of a grain. It may be combined with the Biniodide of mercury, and given in the form of pill : but, if the solution be preferred, it may be administered in that form, as it is a soluble salt ; but it should be remembered that it is incompatible with the decoction, the infusion, and the tinctures of the cinchona barks.

The influence of the arsenical preparations on the cutaneous capillaries is remarkably displayed ; and to their power of equallizing the circulation much of their superior efficacy in Lepra, as well as in intermittent fever, is attributable. But, although their influence, in this respect, is of the first importance in Lepra, when they are administered with due caution, yet, in highly irritable conditions of the habit, and when the eruption displays much inflammatory character, their administration should be deferred, until the excitement has been reduced by bleeding and two or three brisk purgatives. As the Iodide is more powerful than the arsenical solution, so the greater necessity is there for watching its effects ; but, when this precaution is taken, it is not only a valuable but a safe remedy. Its obvious effects are quickness and hardness of the pulse, with slight puffiness of the lower eye-lids : but, generally, before these symptoms of its influence display themselves, the disease has begun to yield. The irritation in the patches is lessened ; the scales on their centre fall ; and the whole eruption gradually disappears.

The symptoms which indicate a necessity for reducing

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\* As the Iodide of Arsenic is not a Pharmaceutical preparation, I subjoin the mode of preparing it. Take seventy-five grains and a half of metallic arsenic ; and six hundred and thirty-one grains and a half of pure dry Iodine ; rub them well together in a mortar, and sublime. The salt is thus obtained in the form of brick-red, shining scales.

the dose, are heat of the mouth and fauces, and anxiety at the præcordia, with pain at the epigastrium, or griping. If, besides these, there is tension, with an uneasy sensation of stiffness, around the eyes, and erythema of the face; thirst, a white tongue, with the edges and tip of a florid red hue, and a quick pulse; the use of the medicine should be suspended for some days. If nausea, cough, vertigo, or salivation supervene, it should be left off altogether. The employment of any arsenical medicine is inadmissible, if it cause an uneasy sensation at the chest from the first.

In *Lepra alphoides*, which Bateman says “is tedious and difficult of cure,” the Iodide of arsenic stimulates the torpid vessels of the surface, and rapidly effects a cure. I have never seen it productive of any mischief.

*General Stimulants.*—Amongst those which operate as general stimulants, the most active is undoubtedly tincture of Cantharides. Willan and Bateman depreciate it; but, from the experience of Rayer and of Biett, in the Hospital of St. Louis, it appears to be a remedy of considerable power in Lepra. Cazenave and Schedel say, “nous avons vu un cas de lèpre qui durait depuis dix-huit ans, et qui a disparu dans l’espace d’un mois sous l’influence de la teinture de cantharides\*.” When it is combined with an equal quantity of the compound tincture of Camphor and ten parts of compound tincture of Cinchona, as proposed by Dr. Beatty, it is said neither to derange the digestive, nor to irritate the urinary organs. Inflammatory excitement should be subdued by bleeding and purgatives previous to the employment of the tincture of Cantharides. It is scarcely requisite to remark, that, should any constitutional disturbance supervene during the employment of this tincture, it should be immediately discontinued.

I can say little, from my own experience, in favour of Turpentine, or of Tar, whether the latter be given either in the form of pills or as tar water. Tar water is favorably spoken of by Dr. Houghton. “Half-a-pint of it should be drunk three times a day;” and the patient be made to walk, after each dose, until he begins to perspire, and then to sit for some time in a warm room†.

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\* Abrégé Pratique des Maladies de la Peau. Paris, 1828, p. 305.

† Cyclopædia of Practical Medicine, vol. iii. p. 32.



The influence of the compound decoction of Sarsaparilla upon the skin has recommended its employment as a remedy in Lepra; but, except as a vehicle for more active medicines, I have never seen it productive of much benefit; and any virtue it possesses is due to the Mezereon which it contains.

The marsh Rosemary, *Ledum palustre*, was strongly recommended by Dr. Westring\* and Odhelius†. Dr. Good‡ informs us that it is employed in Kamschatka with greater success than the *dulcamara*. Odhelius orders ʒiv of the plant to be infused in a quart of hot water, and the infusion to be strained when cold. From half-a-pint to a quart is to be taken daily. I have had no experience of its powers, nor of those of *Rhus radicans* and *Rhus Toxicodendron*, both of which, Rayer affirms, are capable of ameliorating the disease, when the eruption is extensive and inflamed, without deranging the stomach§.

When acid superabounds in the stomach, the liquor Potassæ, to the extent of thirty minims, in any bland fluid, in conjunction with three or four minims of diluted Hydrocyanic acid, is a useful sedative for allaying the irritability of the digestive organ, and improving its secretion, as in ordinary cases of irritable gastric-dyspepsia; but, although it is much recommended by Willan||, I have never seen it useful, in Lepra, in any other way than as an auxiliary to improve the digestive powers.

The sulphuretted mineral waters; namely—those of Harrogate, Leamington, and Moffat, in this country; Aix-la-Chapelle, Baresges, Cauterets, Bagnères de Bagnoles, d'Enghein, and Plombières, on the Continent¶; certainly prove serviceable in Lepra when drank at the source; but, even then, they are much inferior in efficacy to the Iodides of mercury and of arsenic, independent of the sacrifice of time and expense in their employment.

\* Amæn. Acad. vol. viii. art. 167.

† Stockholm Trans. 1774.

‡ Nosology, p. 469.

§ Traité des Mal. de la Peau, Paris 1827, t. ii. p. 24. || L. c. p. 138.

¶ The active principle in all the natural sulphureous waters is the hydro-sulphuric acid; and to it their fœtid odour and offensive taste are due. When they are drank at the source, the effect is a sensation of stupefaction, followed by reaction and fever. The taste of the water is best covered by milk, provided the mixture is swallowed immediately it is made. When the waters are taken pure, the taste is rapidly removed from the palate by eating a small piece of biscuit.

Such are the general remedies usually employed in Lepra. Those amongst them chiefly to be relied upon, are—moderate blood-letting; purgatives; the Iodides of mercury and of arsenic; tincture of Cantharides; and the compound decoction of Sarsaparilla. In no eruptive disease, however, has the aid of topical means been more resorted to than in Lepra. Stimulants of every description have been recommended; but they prove salutary only in cases of long standing, or of much inveteracy; and when the general habit has suffered from exhaustion. It is always essential to investigate closely the propriety of exciting the skin before prescribing them. They may be arranged under the heads—blisters, lotions, ointments, and baths, natural and artificial.

*Blisters* have been rarely employed by British practitioners. Rayer speaks favorably of them, and details a case in which six were applied, on the olecranon, in eighteen days; and under their action the patches disappeared\*. They did not produce the same favorable result in any of the cases in which I have ordered them: and Biett, also, considers that they should be rejected. Rayer directs the old patches to be touched with the pernitrate of mercury.

*Lotions*.—It is unnecessary to mention decoctions of Cinchona, and of some vegetable astringents which were formerly prescribed, under the supposition of the putrid nature of the eruption†. The application of artificial Harrowgate water, in a tepid state‡; or a lotion consisting of two fluid drachms of liquor Potassæ, three of Alcohol, and six fluid ounces of water, or a strong decoction of *dulcamara*; are useful for aiding the separation of the scales. Rayer recommends the solution of Chlorine for this purpose, in old and inveterate cases. But when the eruption displays an inflammatory disposition, these lotions aggravate the evil. In such cases, simple warm water, or decoction of bran, or an infusion of Digitalis, made with an ounce of the dried leaves to a quart of boiling water, are useful: but, when there is much itching or tingling, I have

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\* *Traité des Mal. de la Peau*, tome ii. p. 28.

† *Lorry de Morb. Cutan.* p. 354.

‡ Dr. Duffin recommends this water to be made by dissolving two drams of Sulphate of Magnesia, ten grains of Bitartrate of Potassa, and half a dram of Sal Polyehrest, in twenty-four fluid ounces of hot water.



found nothing so beneficial as a lotion consisting of f̄vi of the emulsion of bitter-Almonds, two grains of Bichloride of mercury, and ʒi of the diluted Hydrocyanic acid.

*Ointments.*—The nature of these must vary according to the state of the eruption. When the patches are much inflamed, and in a very irritable state, if any ointment be used—and the propriety of employing any under such circumstances is very doubtful,—it should be of the mildest kind. That which I have seen afford the most effectual relief, is a combination of equal parts of the ointment of Zinc, Castor oil, and fresh butter; applied after the crusts have been softened by poulticing. In a less irritable state of parts, when a stimulant is desirable, the ointment of Tar (*Unguentum picis liquidæ*, P. L.) has been much recommended by Willan, after Willis. It is still more efficient when combined with Calomel, in the proportion of a drachm to the ounce, as recommended by Rayer; or with one third part of ointment of nitrate of mercury. Either of these ointments, applied in the evening, and washed off in the morning with a lotion composed of f̄iii of liquor Potassæ and f̄vi of bitter-Almond emulsion, quickly removes the scales, and allays the itching attending their removal. I prefer the *bitter-Almond emulsion* to distilled water, recommended by Dr. Duffin: it soothes irritation without diminishing the detergent properties of the lotion. I have never seen salivation caused by the Tar ointment with Calomel, even when it contained double the quantity of Calomel. Biett and Rayer have much praised an ointment made with gr. xii or xv of Iodide of sulphur and ʒi of lard. They generally begin with the Calomel ointment, and afterwards proceed with that of the Iodide of sulphur, which may be increased to ʒss of the Iodide to the ounce of lard.

A few only of the patches should be rubbed at a time with this ointment: it gradually stimulates to inflammation, after which the scales fall off, and the resolution is completed in a few days; and the skin acquires its natural character\*.

*Baths.*—The advantage of natural sulphur baths in Lepra has been always regarded as unquestionable: thence those of Harrowgate, and others of the same character, are resorted to; and artificial imitations of them much employed. They

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\* Cazenave and Schedel—*Abrégé Pratique des Mal. de la Peau*, Paris 1828, p. 300.

cause a determination to the skin, copious perspiration, and, not unfrequently, a small papular or a vesicular eruption, especially when the baths are used at a high temperature. On the continent, a douche of these waters is preferred to the bath, as not producing that plethoric state which results from the use of the bath; and the temperature may be considerably greater than can be borne in the bath. But baths of a stimulant description aggravate the disease, in its early or active stage: indeed, Willis long since recommended caution in the use of sulphur baths, which he regarded as applicable only to chronic cases. In such cases, the hot air and sulphur and sulphurous acid fume baths have been much employed; and cures performed by them have been published by Gates, Clark, Wallace, Bardsley, and Green\*. They certainly possess very considerable power in rapidly clearing the skin; but I have seen no instance of a permanent cure effected by them, without the aid of internal remedies. In my own practice, I generally order either the simple warm bath, at 95° Faht. or the aqueous vapour bath, with moderate friction, to be used every morning; and I have seldom seen any necessity for changing it during the whole of the treatment†. The aqueous vapour bath, in particular, softens the skin and accelerates the detachment of the scales, and moderately stimulates the diseased cutaneous capillaries to a renewal of their healthy action. Willan strongly recommends the use of the warm sea water bath until the skin is softened, and the scales separate; and, when that is accomplished, bathing in the open sea.

I purposely avoid mentioning many other topical applications recommended by the continental authors who treat of this disease. Candour, indeed, obliges me to say, that, with the exception of the aqueous vapour bath, and the Tar, and Calomel, and Iodide of sulphur ointments, I repose little con-

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\* Practical Compendium of Diseases of the Skin, London 1830, 8vo. p. 208-13.

† The vapour bath which I order is so simple that it may be employed by every person who can command a blanket, a chair, a bucket, and boiling water. The patient, stripped naked, is seated on a chair, and a bucket, filled with boiling water, placed close to him: a blanket is then pinned under his chin, and thrown around him in such a manner as to envelope himself, the chair, and the bucket. As the warm aqueous vapour rises, friction must be applied to the patches; and when it ceases to rise, it may be again excited by dropping a hot brick into the water.



fidence in external applications of any kind. Even those which I have mentioned can only be regarded as auxiliaries to the general treatment. None of the internal remedies, which I have ordered, have proved so rapidly and permanently useful as the Iodides of mercury and of arsenic, in conjunction with the compound decoction of Sarsaparilla.

In closing this statement of the mode of curing Lepra, I should be highly blameable, were I not to urge, most forcibly, the necessity of attention to diet during the whole progress of the treatment. The importance of diet was well known to the older physicians, although their ideas respecting the reasons for attending to it were erroneous. Thus, Lorry, from a supposition that the fluids were affected, recommends food:—"qui maximé putredini adversantur, licet concocta facillimi sint: tales præbent olera mollissima, juniorum animalium carnes aceto conditæ, fructus horæi, panis benè fermentatus, cerevisia recens, vinum oligophorum\*." My experience, in several hundred cases, authorizes me to recommend a purely milk and farinaceous diet; unless in very debilitated habits, for which a moderate allowance of mutton or poultry is necessary. Every stimulant article of food or of beverage must be strictly avoided. Indeed, in every disease, which demands the continuance of an alterative course of medicine, this rule should never be neglected.

I have selected the following Cases, as well calculated to display the efficacy of the plan of treatment which I have recommended.

### CASE I.

Captain —, of the navy, consulted me, in the month of April 1836, for an attack of *Lepra vulgaris*, under which he had been suffering for three years, and for which he had taken many remedies, and used many ointments and lotions. He was a plethoric, muscular man, with a strong, apparently sound, constitution. I could not obtain a satisfactory history of the commencement of the disease; nor of the nature of the remedies which he had employed. He stated that his general

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\* Lorry de Morb. Cutan. 4to. p. 354.

health was good ; and that, were it not for the tingling of the eruption at night and after meals, especially when he drank wine, or spirits and water, which greatly annoyed him, he should altogether disregard the disease. The patches were about two inches broad, and four or five long, below the elbows, and on the knees ; whilst numerous smaller patches, from the size of a line to an inch in diameter, were scattered over the arms and legs, and the lower part of the abdomen. Captain —— stated that, independent of the eruption, he was in good health ; and suffered only from an occasional headache, which he attributed to a torpid state of the bowels. He had been advised to try the sulphur fumigating baths ; but the inflammatory character of the eruption was an objection to their employment. As he lived in the country, it was necessary to lay down a plan of treatment which he could continue for several weeks without a change. He was ordered to be bled to twelve ounces once in eight days ; and to follow each bleeding with a five-grain Calomel pill ; and, some hours afterwards, to take a brisk cathartic. He was directed, also, to use the aqueous vapour bath every morning ; to rub the patches briskly whilst in the bath ; and to walk for an hour after coming out of it. The following medicines were ordered to be regularly taken, daily, for three weeks :

℞ Hydrargyri Biniodidi, gr. iv.

Arsenici Iodidi, gr. ii.

Conii Extracti, ℥i.

Fiant Pilulæ xx. Sumatur una mane, meredie, et horâ somni, quotidie.

℞ Decocti Sarsæ Compositi, f℥iii.

Inter pilularum doses singulas sumendas.

℞ Calomelanos, ℥i.

Unguenti Picis, ℥iv.

———— Cetacei, ℥i. M.

Pauxillum eruptioni ope fricationis, h. s. quotidie, applicandum.

On repeating his visit, he informed me that the blood, from both the bleedings which he had undergone, was cupped and buffed. The tingling of the eruption at night had greatly abated ; his bowels were more regular ; and, in every respect, he felt better. A very obvious improvement had taken place



in the appearance of the eruption: the larger patches had begun to display the natural aspect of the skin, in their centre; some of the smaller ones had so nearly disappeared as to consist merely of a broken circle, with the skin almost natural in the intervening gaps; whilst the greater number of the smallest spots had wholly disappeared. He was directed to continue the same plan for three weeks longer; unless the gums, which were now scarcely touched, should become very tender; in which case, he was directed to take a pill twice a day only; and to continue the use of the decoction three times a day. As the tingling also, although much abated, yet, recurred regularly after dinner, he was requested to confine himself entirely to a milk diet.

Captain — paid me three successive visits, at the interval of three weeks, after this time. The amendment in the disease was progressive; and, without any change in the plan of treatment, he was completely cured, in the middle of August, little more than fifteen weeks from the commencement of the treatment. I have not had the pleasure of either seeing him or hearing from him since; but I have been informed that he continues well.

In this case, the Iodide of Arsenic was taken, without any intermission, for twelve weeks; and not the smallest inconvenience resulted.

The four following cases I have selected from those treated in the Hospital; because they have been under my observation during the whole progress of the cure; and, consequently, I have had ample opportunity of watching the effects of the remedies.

## CASE II.

John Sexton, ætat. 13, was admitted into the University College Hospital, the 3rd of December, 1838. He is a healthy-looking, well-made boy, with a fair complexion, and light hair; a native of London, and born of healthy parents, who are both living. They reside in a damp, confined situation; and the whole family has suffered great privations in food and clothing, at various times. This boy was always remarkably well, until May last, when he suffered from a sick head-ache;

after which, in June, an eruption appeared, and the headache then ceased.

A small red spot, on the left hip, first attracted his attention, by the itching which it caused when he was warm in bed, or in any way heated. This spot daily increased in size, until it became as large as a shilling, when it ceased to itch, except when it was rubbed, and when the scales began to separate. Two other small, red spots then appeared on the left leg, which ran through the same course as the former. Others soon began to appear on both legs in different parts; then on the arms, the elbows, and the hands; and, about a fortnight ago, the trunk also became affected.

He has been treated at a Dispensary, where purgative medicines and the warm bath were prescribed; but their employment was followed with little benefit. The patient is in a debilitated condition, from bad food and the effects of the purgative medicines.

On his admission to-day, he presented the following appearances:—The whole body is covered with Lepra in all its different stages; the largest patch is that which first appeared on the left hip; it is circular, nearly seven inches in diameter, composed of many others, each covered with smooth, laminated scales, of different sizes, with a narrow, inflamed margin and a depressed centre. The trunk and the extremities, especially at the joints, present more or less of the eruption; and the patches vary in size from that of a pin's head to many inches in circumference.

On some parts, the spots are flattened and dilated, with white scales on the top; on others, they are enlarged, red, and have a slightly elevated border. The face is free from eruption, except a spot on the forehead, and one on the right eyelid.

The general health is apparently good: the digestion is also good; the bowels are regular; the pulse is full and firm; and there is no fever.

V. S. ad  $\zeta$ vi.

R Hydrargyri Biniodidi, gr. i.

Arsenici Iodidi, gr. i.

Conii Extracti, gr. xii. M.

Fiant Pilulæ xii. quarum sumatur i. 8va. quaque horâ.



℞ Decocti Sarsæ Compositi, ℥iii.

Sit haustus inter singulas pilularum doses sumendus.

Milk diet; and a vapour bath every night.

Dec. 7. He says the eruption itches less. Let him have a vapour bath every other night; and take one-eighth of a grain of the Iodide of Arsenic and the Biniodide of Mercury for a dose, instead of the twelfth of a grain.

Dec. 10. Much the same. V. S. ad ℥vi.: to take one-sixth of a grain of the Iodides for a dose. Continue the milk diet.

Dec. 12. The blood is not inflamed. He is decidedly better. The vapour baths relieve him considerably; the appearance of the eruption is altogether improved, and the countenance is less anxious. Pergat in usu medicamentorum. Continue the milk diet.

Dec. 14. Much improved. Let him take gr.  $\frac{1}{4}$ , instead of gr.  $\frac{1}{8}$ , of the Iodides. Let him continue the use of the vapour baths.

Dec. 17. Considerably better. Pergat in usu medicam.

Dec. 21. The gums are tender: let the dose of the Biniodide of Mercury be diminished to gr.  $\frac{1}{3}$ . Continue the milk diet.

Dec. 24. Greatly improved; but the tenderness of the gums is too much lessened. The pulse is nearly natural; the skin is less harsh. Let him take gr.  $\frac{1}{4}$  of the Biniodide of Mercury for a dose.

Dec. 26. Improving. Applicetur Unguentum Picis cruribus et dorso. Capiat Biniodidi Hydrargyri, gr.  $\frac{1}{3}$  pro dose.

Jan. 2. V. S. ad ℥iv. Continue the milk diet.

— 7. Much improved in every respect. His mouth has again become tender. Let him continue the medicines.

Jan. 10. Mouth very tender. Continue the medicines and the milk diet.

Jan. 12. Improved. The pulse is sharper than before. V. S. ad ℥viii.

Jan. 15. Much improved in every respect. The blood was a little buffed. Let gr. i. of the Biniodide be added to the mass. Continue the milk diet.

Jan. 19. Improving daily.

— 21. Very little of the eruption can be seen; and what remains is chiefly confined to the extremities.

Jan. 23. Convalescent. Let him, however, continue the medicines for twelve days.

Feb. 4. The eruption has entirely disappeared. Let him discontinue the bath ; and have full diet.

Feb. 18. Discharged, cured.

In this case, the combined influence of the Iodides was most conspicuous. As soon as the mouth became affected, the eruption began to disappear, and the skin to regain its natural functions. I am disposed, however, to attribute much to the steady employment of the vapour bath, and the close adherence to the milk diet, until fourteen days before his dismissal from the Hospital.

### CASE III.

Charlotte Prosser, ætat. 11, was admitted into the University College Hospital, the 9th of April, 1839. This girl is of a slender form of body, and melancholic temperament ; she has been resident in Marylebone Lane, in a dry and open situation. None of her family has had any skin disease. She has always enjoyed good health ; but, about a month ago, without any apparent cause, the present affection commenced on the dorsum of the right hand, with small, round, reddish elevations ; at first, smooth ; but, in a day or two, exhibiting white scales on their summits. These have gradually increased up to the present time, assuming a circular shape, and surrounded by a dry and red border. The patches affect both the upper and lower extremities, especially the elbows and knees. She complains of considerable itching, and is rather feverish. The pulse is small and compressible ; the bowels are open ; and the tongue is clean.

April 10. V. S. ad  $\frac{3}{4}$ vi. Calomelanos gr. iv. ft. Pilula post V. S. sumenda. Haustus niger purgans horâ post pilulam.

℞ Hydrargyri Biniodidi, gr. ii.

Arsenici Iodidi, gr. i.

Conii Extracti, gr. xii.

Fiant Pilulæ xii. Sumatur i. ter quotidie.

Potassæ Liquoris, f $\frac{3}{4}$ i.

Decocti Aloës C. f $\frac{3}{4}$ iiiss.

—— Dulcamaræ, f $\frac{3}{4}$ iiiss.

Cochlearia iii. majora ter quotidie.



Milk diet. The vapour bath.

April 17. The eruption is less inflamed. *R* Unguenti Picis,  $\mathfrak{z}$ i. Ung. Cetacei,  $\mathfrak{z}$ i. Calomelanos,  $\mathfrak{z}$ i. Tere ut fiat unguentum, maneque nocte applicandum. Continue the milk diet, and the bath.

April 22. Much improved. The eruption is paler; the itching is diminished. *V. S.* ad  $\mathfrak{z}$ v. Pergat in usu medicamentorum.

April 26. The eruption is gradually diminishing. Omitatur Mistura.

*R* Potassii Iodidi, gr.  $\mathfrak{iii}$ .

Infusi Cinchonæ Flavæ  $\mathfrak{f}$   $\mathfrak{z}$ iss.

Haustus ter quotidie sumendus.

The vapour bath; milk diet; and a chop daily.

May 1. Improving rapidly. Pergat in usu medicam.

— 3. Still improving, though somewhat slowly. *V. S.* ad  $\mathfrak{z}$ vi.

May 13. The mouth became affected on the 5th; since which time she has been improving rapidly in every respect. The eruption is nearly gone from the shoulders, and is disappearing rapidly from the arms and the thighs. Pergat in usu medicamentorum et balnei vaporis.

May 16. She has not improved since the last visit. The pulse is a little sharp again. *V. S.* ad  $\mathfrak{z}$ vi. Milk diet.

May 20. Better. Pergat. Let her have full diet.

— 22. Improving rapidly; but the eruption is not entirely gone. *V. S.* ad  $\mathfrak{z}$ vi. A chop daily.

May 27. Much better. *V. S.* ad  $\mathfrak{z}$ vi.

June 3. Discharged, cured.

In this case, the eruption displayed an anomaly in its commencement, by appearing first upon the hand, whence it spread to the other parts of the body. There was, also, more constitutional affection than in Sexton's case. The standing still, or rather the retroceding, in the progress of the cure, between the 13th and the 16th of May, was attributable to the mistaken kindness of the friends of the patient in bringing her cakes and some kind of confectionary, which deranged the digestive function.

The next case is given chiefly with the view of illustrating

the occasional intermittent character of Lepra ; and, also, to demonstrate how much is due to the Iodide of Arsenic in the treatment of the disease. It was administered in this case without the Biniodide of Mercury, or any other mercurial preparation.

#### CASE IV.

Emma Sharp, ætat. 12, was admitted into the University College Hospital, the 29th of May, 1839. This girl is of a fair complexion, and rather slight form of body. She resides in an open, dry situation. Both her parents are alive, and neither is affected with any skin disease, although her father is a martyr to the gout. The general health of the patient is very good.

Eight years ago, her mother first noticed some small, red spots upon her elbows, which spontaneously, but gradually, died off in scales. In the ensuing spring, they appeared again ; and were then noticed also on her legs. Ever since, they have remained stationary in summer and autumn ; but they get worse in the winter and spring. The eruption is confined chiefly to the limbs ; but the trunk of the body has been slightly affected, at different times, with a rash, somewhat different in appearance and exceedingly itchy, which gradually dies off. There have, likewise, been spots on the head ; but these never continued long. She has been treated by various medical men ; and latterly she has been an out-patient at this Hospital. The treatment has consisted chiefly of internal medicines and warm baths.

The eruption is now confined to the elbows and the legs. There is a small patch on the thigh ; but none on the trunk of the body. The eruption is in small circular patches, slightly raised at the edges, and depressed at the centre, and with a border of a reddish colour. Her general health is pretty good. The pulse is full and compressible ; and the tongue is slightly furred. The bowels are open. V. S. ad  $\frac{3}{4}$ viii.

℞ Arsenici Iodidi, gr. i.

Extracti Conii, gr. xvi.

Ft. Pil. viii.—Sumatur una 6ta. q. q. horâ.

℞ Potassii Iodidi, gr. iii.

Decocti Sarsæ. f $\frac{3}{4}$ ii.

Haustus cum singulis dosibus pilularum sumendus.



℞ Unguenti Picis, ʒii.  
 Adipis, ʒvi.  
 Calomelanos, ʒss.

Ft. Unguentum, nocte maneque quotidie utendum.

Milk diet.

June 3. Slightly improved. The eruption is disappearing from the elbows. Pergat in usu medicamentorum.

June 5. She complains of nausea and griping: the tongue is furred; her skin is hot; and the pulse 108, and sharp.

℞ Pulveris Ipecacuanhæ, ʒi.

Emeticus, vespere sumendus. Pergat in usu medicamentorum.

June 7. Improving rapidly. V. S. ad ʒvi. Pergat in usu medicamentorum.

June 12. She again complains of nausea, griping, and headache, coming on about an hour after taking the pill. Omittantur pilulæ. Pergat in usu misturæ.

June 14. The nausea and griping are gone, and the tongue is clean.

℞ Iodidi Arsenici, gr. i.  
 Conii Extracti, gr. xvi.

Fiant Pilulæ iv. Sumatur una 8va. q. q. horâ.

June 22. Greatly improved. The eruption has disappeared from the elbows, and is dying away from the legs. V. S. ad ʒvi. Pergat in usu medicamentorum.

June 28. The eruption is rather stationary. V. S. ad ʒvi. Pergat in usu medicamentorum. Omittatur Unguentum.

℞ Unguenti Picis, ʒvi.  
 Calomelanos, ʒii.  
 Adipis, ʒiii.

Ft. Unguentum, nocte maneque utendum.

Milk diet.

July. 1. The eruption is very much lessened; but she again complains of nausea. Pergat in usu medicamentorum.

July 3. ℞ Ipecacuanhæ Pulveris, gr. xvi. Emeticus, vespere sumendus.

July 8. Nearly convalescent. Pergat in usu medicamentorum. Common diet, and a pint of milk.

July 20. Discharge, cured.

The next case was one of those which, according to Willan and Bateman, constitute *Lepra alphoides*. The causes of the defective development of the eruption, and the pale character of its margin, are well accounted for in the history of the case; and by the condition of the patient, prior to her introduction into the Hospital.

### CASE V.

Rachel Harris, ætat. 11, was admitted into the University College Hospital, the 30th of July, 1839. The patient has lived in the country, near Oxford; but, previous to entering the Hospital, she was living at Bayswater. She is a dark-complexioned, poor, half-starved child. She has been stinted of food.

She has had an eruption for four years. She says it arose from drinking cold water. The eruption first appeared on the head, whence it spread all over the body. She has been frequently treated for it, without relief.

The present symptoms are slight headache, and some pain in the chest. The bowels are confined; but the tongue is natural. The eruption is in patches nearly all over the body, but chiefly on the arms and legs; and some on the scalp. The back is better than it has been. The patches are of various sizes, from a line to that of a shilling, of a circular form, scaly, and depressed in the centre. The circular shape is most striking in the smaller patches, which vary from a small speck to that of a sixpence, on the legs. The patches, in some parts, particularly on the back, are confluent, and form a whitish, scaly mass of eruption, the distinct circular form being nearly lost. The following remedies were ordered; after the head was shaved, on account of the affection of the scalp.

- ℞    Magnesiæ Sulphatis, ʒiv.  
       Tincturæ Jalapæ, ʒi.  
       Infusi Sennæ, ʒiiss.    Haustus statim sumendus.  
 ℞    Hydrargyri Biniodidi, gr. ii.  
       Arsenici Iodidi, gr. i.  
       Extracti Conii, gr. xii.  
       Fiant Pilulæ vi.    Sumatur una 6ta. q. q. horâ.



**R** Potassii Iodidi, gr. ii.

Decocti Bardani Radicis, ℥xii.

Sumantur cochl. iii. majora inter singulas pilularum doses.

Let her use the vapour bath daily, and have a milk diet.

August 2. She is already improved: the pulse is small; the tongue rather red; the bowels are natural. Pergat in usu medicamentorum.

Aug. 3. She complains of headache and sickness. Cap. coch. ii. pro dose misturæ Potassii Iodidi.

Aug. 5. She is improving. Continue the treatment, and let her have a chop daily.

Aug. 7. Her appearance, altogether, has much improved since she came into the Hospital: but some fresh spots are appearing on the arms, with a good deal of redness, probably caused by the increased action from the more nutritive diet, which she now enjoys. Continue the medicine and the bath daily. Omit the chop. V. S. ad ℥vi.

Aug. 9. The eruption is much improved: the fresh spots are paler; no others are coming out. The bowels are confined. Rep. Mistura c. Decocti Aloes Compositi ℥iv. singulis dosibus.

Aug. 12. The back is nearly free from the eruption: the pulse is a little sharp. V. S. ad ℥vi. Adde pilularum Iodidi Arsenici, gr.  $\frac{1}{12}$  singulis dosibus.

Aug. 16. The eruption is better: no new spots have appeared, and the old ones are paler and diminishing. The arms are nearly well; a few circular spots only, of a brighter red colour than the surrounding parts, and smoother, at least not scaly, remain; and the skin is fresh and clean in many places. A few scales still remain on the head. Let it be again shaved.

**R** Calomelanos, ℥i.

Unguenti Picis, ℥i.

Ft. Unguentum, nocte manequæ quotidie, capiti raso applic.

Aug. 17. She complains of pain in the stomach and the head, and of nausea. The tongue is rather white; but the bowels are open. The pulse is 96, and sharp. Let her omit the pills. Pergat in usu misturæ.

Aug. 19. The stomach and the head are well. The eruption is rapidly improving, and the skin in the centre of

the spots is taking on its natural colour and aspect. Renew the use of the pills every eight hours.

Aug. 21. She is much improved: the arms are nearly well; but still some crusts adhere to the knees. Omit. Ung.

R Potassæ Liquoris, fʒii. Alcoholis, fʒiv. Aquæ, fʒv. Ft. Lotio nocte maneque quotidie utenda. Repetantur Mistura et Pilula.

Full diet, and a pint of milk. A chop daily.

Aug. 26. Nearly convalescent; a few scales only remain on the arms. Let them be well rubbed when the patient is in the vapour bath. Pergat in usu medicamentorum.

Sep. 2. Discharge, cured.

I might subjoin, here, two other cases, which occurred in private practice, in which the constitutions of the individuals were broken down by repeated attacks of disease previous to the appearance of the eruption. In both, it assumed the characters of the *L. alphoides* of Willan and Bateman. From the absence of the inflammatory margin of the patches, and the torpid condition of the habit generally, the Iodides were administered in much larger doses than I usually prescribe them; and the Iodide of Sulphur, formed into an ointment, in the proportion of two scruples to an ounce of lard, was employed as a topical stimulant. On account of the debility of the patients, both of whom were females, the Infusion of Cascarilla was ordered as the vehicle for the administration of the Iodide of Potassium, instead of the decoction of the root of the Bardana (*Arctium Lappa*), which, under ordinary circumstances, is an excellent vehicle for the soluble Iodides. Both cases recovered.

#### LEPRO MODIFIED BY SYPHILIS.

Although many excellent and deservedly esteemed authors have separated the various forms of cutaneous eruptions connected with secondary syphilis, from the cutaneous affection which they resemble, yet, I am of opinion that more practical advantage is derived by treating of them under the head of those eruptions of a non-syphilitic character which they most closely resemble. In all the secondary eruptions, as they are



termed, the cutaneous affection is preceded by febrile symptoms; and is accompanied by a wan, sallow complexion, indicative of a cachectic condition of the habit. The eruption, whatever form it assumes, is peculiarly characterized by a copper colour of greater or less intensity; and also by the circular arrangement of the spots, when they become confluent, or collect into patches\*.

Syphilitic eruptions most commonly appear on the forehead, the *alæ nasi*, the shoulders, and the back. They are usually arranged by systematic writers into exanthematous, papular, tubercular, squamous, vesicular, bullous, and pustular: but, for the reason already stated, I shall treat of each species under the head of the disease which it most closely resembles: but, in doing so, the syphilide will not be separated from the group to which it belongs. Thus, under *Squamous*, or Scaly Eruptions, will be found *Lepra syphilitica*, and *Psoriasis syphilitica*; under Papular Eruptions, *Lichen syphiliticus*; and so on. Under the present species of the *Squamæ*, therefore, I shall examine the nature of

#### LEPROA *syphilitica*†.

This disease never appears but as the sequence of chancre, callous venereal ulcer, or of bubo; except in infants born with the disease, from an infected mother. It is frequently, but not always, preceded by ulceration of the throat, and much constitutional disturbance, chiefly fever, which partakes somewhat of the nature of hectic‡. There is, also, occasionally a roseolous efflorescence, immediately before its appearance.

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\* Carmichael regards the *scaly* syphilitic eruptions, following chancre, as those only which are truly syphilitic: and he adds, “I have not, in any instance, observed the eruption to be papular, pustular, or tubercular, when it arose from the true syphilitic, primary ulcer; or to be scaly, when it followed those ulcers which do not possess the character of chancre, the indurated edge and base.” (An Essay on Venereal Diseases, &c. &c. by Richard Carmichael, M. R. I. A. &c. London, 1825, 8vo. p. 313.) I have only to remark, that this opinion is correct, if, like Mr. Carmichael, we confine the term syphilis to chancre and its secondary eruptions: but, without such an admission, the distinctions for which Mr. Carmichael contends are more theoretical than real.

† VERN. SYN. *Swarze Aussatz* (*Ger.*); *Berat ucha* (*Heb.*); *Berat asred* (*Arab.*).

NOS. SYN. *Μέλαις* (*Auc. Grec.—Celsus*); *Lepra nigricans* (*Willan*).

‡ John Hunter.

The leprous eruption appears at first as small, hard, dry, reddish pimples (*c. fig. 1, plate 2*); and then assumes the circular form (*a. fig. 1, 2, plate 2*); and, as the spots enlarge, the margin becomes somewhat raised, whilst the centre remains flat and merely scaly (*a. b. fig. 1, 2, plate 2*). The patches are more distinct and distant from one another than in common Leprosy; and seldom exceed three-fourths of an inch in diameter. Their colour is a brownish copper, occasionally livid, with an obscure or dull-red border. It almost always appears first on the forehead, or on the back of the neck and shoulders; then on the breast, the groins, and above the pubis, extending to both the upper and lower extremities. When it shews itself upon a portion of skin which is opposed by another skin, as under the scrotum or in the axillæ, and between the nates in children labouring under congenital syphilis, it is seldom scaly; but appears as a broad, soft, moist, flat, or slightly convex, copper-coloured eruption, which sometimes discharges a whitish matter. When it occurs on the palms of the hands, there is frequent successive desquamation. The nails also either become rocky, or they separate. The eruption is accompanied with more or less excavating ulceration of the tonsils, and a change of voice, which is remarkable in infants, the cry being faint and hoarse; and sometimes there is ptyalism, although no mercury has been administered.

This eruption never spontaneously disappears. “If no medicines were employed, it would at length terminate in ulcerated blotches\*,” and the bones, the periosteum, and fasciæ would be involved in the disease. When it declines under the influence of remedies, its mode of disappearance differs considerably from that of common Leprosy. The patch first shrinks and becomes paler at the margin (*a. b. fig. 4, pl. 2*); then, as the desquamation proceeds, the centre is depressed, and the process terminates in a circular, pale-reddish, copper-coloured spot (*a. b. fig. 4*), which, after some time, disappears; whilst a minute, shallow, nearly colourless, depression, like the faint pit of a variolous pustule, remains (*a. b. fig. 5*). At the same time that the eruption begins to decline, the ulcers of the fauces assume a healthy, granulating appearance; they

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\* Willan on Cutaneous Diseases, &c. p. 129.



soon cicatrize, and all the other constitutional symptoms give way.

D. There is little chance of confounding this modification of Lepra with any other cutaneous eruption, except syphilitic *Psoriasis*, which is readily distinguished by the smaller, less elevated, and irregular figure of the spots.

T. Like every other syphilitic affection, this form of Lepra yields to mercurials, judiciously administered; but I do not accord with Carmichael that it is essential to excite a strong mercurial action, and to make the constitution feel and suffer under the debilitating effects of the mineral\*. When the excitement is kept down, and the patient is confined to a milk diet, I have never found that the disease resisted an alterative course, if it be continued for a sufficient length of time. When females are the objects of treatment, they are more easily affected by mercurials than males; consequently, more caution is requisite to prevent profuse salivation, which in no instance is essential: on the contrary, when the constitution is harassed by mercurials, they prove injurious; inducing sometimes dropsy, at other times nervous affections, pains resembling rheumatism, mercurial eczema, erithismus, and occasionally even mania and fatuity. It is also well known that, in some constitutions, mercurials exert a powerful influence: a very moderate quantity rapidly excites ptyalism, and even erithismus. When these effects occur, besides exposure to a cool, dry air, nothing proves so useful as moderate doses of diluted nitric acid, with tincture of digitalis, and infusion of cinchona: and, when the convalescence commences, it is hastened and secured by sarsaparilla and carbonate of ammonia.

On account of this eruption resembling Lepra, I was induced to combine the mercurial treatment with the Iodide of arsenic, as in cases of common Lepra: but I am satisfied that it does not facilitate the cure. The combination of Mercury with Iodine renders a much smaller quantity of the mercurial necessary than would otherwise be required. My object, in such cases, has been to maintain the mercurial action moderately for a sufficient length of time, rather than to raise a

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\* L. c. p. 322.

high degree of irritative fever by its means. In the progress of the cure, when ulceration of the tonsils or nodes are present, the eruption yields sooner than either the ulcers or the nodes. This has been ascribed to some change which the virus undergoes in its transmission through the system\* ; but I am of opinion that it is to be attributed rather to the nature of the affected tissues, than to any other cause. The smaller quantity of mercury which is requisite when it is united with Iodine, is owing to the influence of the latter on the capillary system, aiding that of the former in setting up the specific action on which its beneficial effects depend. The similarity of action between Mercury and Iodine is so great, that the latter has caused ptyalism, sore throat, and even ulceration.

If we admit, which we cannot avoid doing, on the testimony of Rose, Guthrie, Hennen, Dr. John Thomson, and others, that every modification of syphilis can be cured without the employment of mercury,—the necessity of enforcing a mild or non-stimulant diet, and rest, during the treatment of the disease by mercurials, must be obvious. I have found that the best diet, in syphilitic as well as in common Leprosy, is milk : it supports the strength sufficiently without exciting fever ; and, consequently, without interfering, in any degree, with the stimulant influence of the remedies.

Congenital syphilis† usually displays itself by eruptions on the skin ; one variety of which is syphilitic Leprosy. The eruption appears chiefly on the nates, and desquamates frequently ; but it also occurs on the forehead, and extends to the extremities ; in which case it assumes the same form as in the adult, except that the scales are more distinct and whiter (*a. b. fig. 3, plate 2*). It is accompanied by a peculiar tone of voice : the child is hoarse, but its cries are somewhat squeaking. The patient is emaciated, of a squalid or sallow hue of skin ; and

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\* Carmichael.

† It has lately been suggested that a great proportion of the children of syphilitic mothers die in the latter months of pregnancy ; and that they may be presumed to have died under attacks of peritoneal inflammation. In two cases, recorded by Dr. J. Simpson, of Edinburgh, the mothers had gonorrhœa during the period of uterine gestation, with a syphilitic eruption in one instance‡, and ulcers in the other§. I am of opinion, however, that this influence is by no means so extensive as has been stated.

‡ Edin. Med. and Surg. Journal, vol. i. p. 399.

§ Ibid. p. 395.



sometimes there is ulceration of the fauces ; in which case the infant swallows with difficulty. Although not the smallest spot, nor any other symptom of syphilis, may appear on the mother, yet, there can only be one opinion with respect to the origin of these cases ; namely,—the transmission of the disease from the father or the mother, or from both parents.

The treatment of congenital *Leprosy* syphilitica varies according to circumstances. If the child is suckled by the mother, the nurse should take the mercurial in whatever form it is administered ; for, although appearances are in her favor, yet, it is scarcely possible that she can be wholly free from some taint of the disease : thence the necessity of improving the nourishment afforded to the infant by the influence of the remedy on the mother, as well as to introduce it into the system of the child in that form most favorable to its action. The efficacy of this plan of treatment of the congenital disease is undoubted : but the mode in which it acts may be questioned. It might be supposed that, were the mercurial really introduced into the system of the child with the milk of the mother, the usual evidence of its presence, namely, tenderness of the gums, would present itself. I must confess that I have never seen the infant affected either with tender gums, or ulceration of the mouth, when thus treated ; nevertheless, the disease has been effectually cured. When the mother or the nurse refuses to adopt this plan, the disease has been cured by mercurial inunction on the soles of the feet of the infant ; or by the administration of the hydrargyrum c. creta, in doses proportioned to the age of the child.

The following case was, in the first instance, a favorable demonstration of the method of curing the child through the system of the mother : but the disease was not permanently removed in either, owing to their having left the Hospital too soon : and had it even been apparently complete in both, they should have been retained for some time, to determine its permanency : but in this instance the impatience of the mother prevented it. When they were readmitted, as the child had been then weaned, the Iodide of Mercury was administered to it ; and it is with the view of shewing the safety with which that combination of mercury may be prescribed to infants, that the case is brought forward.

## SYPHILITIC LEPROA.

## CASE I.

Ann Ranse, ætat. 26, was admitted into the University College Hospital, September 17, 1838. She is a single woman, and has one child. She resides in London. Her parents are living, and healthy. She has always enjoyed good health, until last Midsummer twelvemonth, six months before her confinement, when she suffered from general debility. Three days after her confinement, she was attacked with Syphilitic Leprosy; for which she and her infant became patients in this Hospital in February last; and was discharged at her own request, although not quite cured, in May.

The child was covered with the same kind of eruption as the mother. On the nates, and in the folds of the thighs and the arms, the eruption was in the form of a broad, irregular-shaped blotch, which was soft, exuded an acrid, somewhat serous discharge, and repeatedly exfoliated. The fauces were inflamed, and the voice was hoarse and squeaking; but the child was not emaciated, and was even lively. Nothing was prescribed for it; but, as the mother recovered, it got better; and the mother and child left the Hospital, apparently cured, about three months after her admission.

After quitting the Hospital, the patient went into Sussex, and carried her child with her; and, three weeks afterwards, she became very weak, and suffered under violent pain of the head. This continued for some weeks, and then the eruption reappeared on the face, and afterwards upon the neck and arms. She states that her throat then became much inflamed, and that there were deep ulcers on each tonsil.

On reentering the Hospital, her face, neck, and arms were marked with circular, well-defined spots, copper-coloured, and presenting a scaly appearance. They were particularly well-marked on the shoulders and back; but less distinct on the face, where they were numerous. The eyes, however, were inflamed, especially the right eye, which was very much congested, and could not bear the light. The eruption was very itchy. She complained of pain in the right knee. The tongue was furred; the bowels were confined.



Since she came into the Hospital this time, she has complained of headache and want of sleep, with thirst and fever. The child did not come into the Hospital with her, as she had weaned it the day before she re-entered.

℞ Calomelanos, gr. v. quam-primum sumenda.

Haustus Niger Purgans cras mane sumendus.

Sep. 17. ℞ Hydrargyri Biniodidi, gr. i.

Extracti Conii, gr. viii.

Ft. Pilulæ iii. sumatur i. maneque nocte quotidie.

℞ Potassii Iodidi, gr. iii.

Decocti Sarsæ. f̄ziiss.

Bis quotidie sumendus.

Sep. 19. Nearly the same. She still complains of much headache.

℞ Calomelanos, gr. v. Micæ panis q. s.

Ft. Pilula, h. s. sumenda.

Haustus Purgans Niger cras mane sumendus.

Hirudines, vi. temporibus applicandæ.

℞ Plumbi Acetatis, gr. viii.

Morphiæ Acetatis, gr. v.

Aquæ Distillatæ, f̄zvi.

Ft. Collyrium subinde utendum. D. T.

Sep. 21. The eye is much better, the inflammation having nearly subsided. The eruption is improving. Pergat in usu medicamentorum.

Sep. 24. The eruption is greatly improved. The scales are falling off, and the spots are becoming paler. The eye is quite well. There is a little sponginess of gums, without tenderness. Let the Biniodide of Mercury be increased from gr.  $\frac{1}{4}$  to  $\frac{1}{3}$ . Beef tea, Oii. daily.

Sep. 26. The eruption is much better. The gums are slightly affected. The pulse is soft and regular. Pergat in usu medicamentorum.

Sep. 28. The eruption is disappearing, and is now level with the skin. All the scales are falling off. The mouth is tender; but the tongue is not much furred. Pergat in usu medicamentorum.

October 1. Improving. Pergat in usu medicamentorum.

Her infant was this day again brought to the Hospital,

affected with the same disease as the mother. The following medicines were prescribed for her.

℞ Hydrargyri Iodidi, gr. i.  
Pulveris Ipecacuanhæ Comp. gr. vi.  
Sacchari Albi, ℥i. M.

Distribue in chartelas viii. Sum. i. bis quotidie. D. C.

Oct. 5. The mother continues improving. The child is greatly better; the eruption beginning to scale and fall off. Pergat in usu medicamentorum.

Oct. 8. The eruption of the mother is much paler; the scaly appearance is dying away. Pergat.

Oct. 12. The eruption of the mother is greatly improved, and her general health is better. The gums are very slightly affected. Pergat in usu pilularum: addendo Hydrargyri Biniodidi, gr. ss. singulis dosibus. The child is gaining flesh, and is much better. Pergat in usu medicamentorum.

Oct. 15. The mother complains of weight in the head since the increase of the Biniodide of Mercury. The time of her catamenia is approaching. Pergat in usu pilularum. Omittatur Mistura.

℞ Potassæ Carbonatis, ℥i.  
Decocti Aloës C. f ℥i.  
Mist. Camph. f ℥i. Cras mane sumendus. D. L.

The infant is getting daily better.

Oct. 19. Both mother and child are rapidly improving. The mother's gums are not much affected. Pergat in usu pilularum.

Oct. 22. The eruption on the mother is disappearing. Her general health and spirits are improved. Omittatur Pilula. Pergat in usu misturæ.

℞ Hydrargyri Biniodidi, gr. i.  
Ext. Conii, gr. iii.

Ft. Pilula, h. s. quotidie sumenda.

The eruption on the child has disappeared, except around the anus. Pergat in usu pulverum.

Oct. 24. The catamenia is present. Omittantur Med.

--- 29. The eruption continues to disappear. The catamenia is over. The patient has begun her mixture again. Pergat.



On the child the eruption is disappearing rapidly ; she is very lively. Pergat.

Nov. 2. The habit of the mother is not sufficiently under the influence of the mercurial. Her spirits are much depressed. The bowels have been relaxed during the last two days ; but they are not so to-day. Pergat in usu pilularum : addendo Extracti Conii, gr. i. singulis dosibus. The child is quite well.

Nov. 5. The mother has suffered from sickness, and a sensation of weight at the stomach.

℞ Ipecacuanhæ Pulveris, ʒss. Ft. Pulvis Emeticus, vespere sumendus. Omittantur Pilulæ.

Nov. 7. She was to-day discharged for disobeying the rules of the Hospital : but the disease was in a state of progressive improvement. I have not heard what became of the poor woman. The case is, consequently, an unsatisfactory one ; but it is brought forward for the reasons already stated.

## CASE II.

John Barrow, ætat. 43, was admitted into the University College Hospital, February 9, 1839. This patient is of a stout habit of body, a bilious temperament, and pale complexion. He is by trade a carpenter, and has been married for eighteen years. He has been very irregular in his habits. He was born in Devonshire ; but has lived twenty years in London. The only diseases to which he has been subject are catarrh and fever.

About twenty years ago, he contracted syphilis, and then suffered for some time from bubo and gleet ; but he was successfully treated by his medical attendant. He had another attack of the disease about a year since ; on which account, he then became an out-patient in the Westminster Hospital.

The remedies there administered to him were balsam of Copaiva and blue pill. He was soon relieved ; but, about ten weeks since, having caught a severe cold, and having afterwards drank some beer, he was almost immediately afterwards attacked with great giddiness, and was directly put to bed. A profuse perspiration broke out in the night ; and, in the course of a few days, scaly, copper-coloured spots were observed on

the skin of the chest and the back, and subsequently on other parts of the body. The eruption was attended with no itching; but considerable stinging soreness supervened about a fortnight after its appearance. The eruption soon afterwards began to scale off, from the circumference to the centre of the spots: but the scales again formed.

The patches are circumscribed, of regular form, of a copper-brown hue; and, when the scales fall off, the subjacent cuticle is red, and free from the cuticular furrows.

Feb. 11.  $\mathcal{R}$  Hydrargyri Biniodidi, gr. iv.

Arsenici Iodidi, gr. ii.

Conii Extracti, ʒi. M.

Ft. Pilulæ xvi. Sumatur una 8va. quaque horâ.

$\mathcal{R}$  Potassii Iodidi, gr. iii.

Decocti Sarsæ. fʒii.

Haustus ter quotidie sumendus.

Milk diet. Let him use the vapour bath every morning.

Feb. 13. The pain of the eruption is less stinging; the bowels are open. Let him continue the use of the medicines, and the bath, as well as the milk diet.

Feb. 15. He is much better. The eruption is scaling off. Let him continue the use of the pills, one grain of the Biniodide of Mercury being added to the mass, and the Iodide of Arsenic left out of it.

Feb. 18. The eruption has greatly diminished in colour, and is altogether much better. The gums are affected by the mercury. Let him continue the medicines.

Feb. 22. The mouth is tender. The eruption is going away rapidly.

Feb. 25. The mouth is better. The eruption has disappeared from the face. Let half a grain of the Biniodide be added to each dose of the pills.

March 1. Inflammation of the conjunctiva, and a discharge from the eyes, have come on. Let eight leeches be applied to the right temple. Pergat in usu medicamentorum.

March 3. The leeches relieved the pain at the time; but now it is again so severe, that it disturbs his sleep. Let half a grain of opium be added to each pill. Omittatur mistura.



R Cinchonæ Sulphatis\*, gr. ii.

Infusi Cinchonæ Flavæ, ℥ii. M.

Ft. haustus 3tia quâque horâ sumendus.

March 5. He is greatly better. Let him continue the use of the medicine, adding one grain of the Biniodide to each pill.

March 8. Omit the mixture; but let the pills be continued. The patient is altogether very much better. Let the bath be used only every other day.

March 11. Omit the pills.

R Hydrargyri Biniodidi, gr. v.

Ipecacuanhæ Pulveris, gr. iv.

Opii Extracti, gr. iii. M.

Ft. Pilulæ iv. Sumatur una manequæ nocte quotidie.

March 15. Still improving. The discolouration of the skin, the result of the eruption, is fast disappearing. Let him continue the medicines.

March 22. The mouth is very tender. He was ordered to take the pills at night only, and to use the warm bath every other night. The discolouration remains only on the parts of the skin not exposed to the light: it has wholly disappeared from the face.

April 1. An eruption, similar to urticaria, has lately appeared in the morning, on the arms chiefly; it remains for a few minutes only. Let the pills be omitted.

R Potassii Iodidi, gr. iii.

Aquæ, f℥i. Ft. haustus ter quotidie sumendus.

April 6. He was discharged, nearly well, by his own desire, in order to be an out-patient.

The beneficial influence of the Biniodide of Mercury in this case was very obvious. I will not venture to affirm that it was more powerful than any other mercurial would have been; but it certainly produced its salutary effects with much less constitutional disturbance. The Iodide of Arsenic was discontinued, as it appeared to derange the stomach, and to cause griping and diarrhœa: and, as the mercurials were the means on which I chiefly depended, I saw no advantage from

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\* The high price of the Sulphate of Quinia, at this time, induced us to use the Sulphate of Cinchonia instead of it. We found it as serviceable, in every respect, as the former salt.

persisting in its administration. The milk diet was continued until a few days before the patient left the Hospital.

### CASE III.

William Cawell, ætat. 46, was admitted into the London University College Hospital, April 23, 1839. He was of a stout habit of body, a sanguineous temperament, and fair complexion; by trade an excavator. His habits have been intemperate. The neighbourhood where he lives is healthy. He has frequently suffered under gonorrhœa: but in other respects he has always enjoyed good health. Last November, he was exposed to the night air, in a marshy district; and soon afterwards suffered from an ague, and an aching pain in the limbs: about eight weeks since, the ague disappeared, and left behind it an eruption. He admits that, a few weeks before the eruption appeared, he had another attack of gonorrhœa: but he denies having had any other primary symptom of syphilis. It is probable, however, that, although the disease was gonorrhœa, yet, it was of that description in which a lesion of surface occurs within the urethra, and is followed by secondary symptoms. Truth can scarcely ever be attained in these cases.

When he was admitted into the Hospital, nearly the whole surface of the body was covered, but not equally, with a copper-coloured eruption in distinct circular spots. It displayed itself chiefly on the centre of the back, stretching along its whole length; and on the hairy scalp. He says that the spots first itched, then became red, increased in size, and rose above the cuticle, presenting different degrees of magnitude; some as large as a fourpenny piece, some the size of a shilling; and others very small. The base of each spot was inflamed; the figure circular; and each was distinct or separate from the rest. Soon after they appeared, they began to scale, and assumed a pearly white appearance, on a copper-coloured base.

He complains of pain in the instep, the ankles, knees, and the left hand. There is no swelling nor redness in any of these parts; but he complains of stiffness. He sweats very much at night, after which the pains are easier: they are relieved by heat. The skin is moist and warm; the countenance



anxious ; and the sleep disturbed. He has a cough, which is often troublesome. The pulse is quick, weak, and compressible : the bowels are open ; the tongue is clean ; but there is great thirst, and the urine is high coloured.

He was ordered the following medicines.

℞ Hydrargyri Biniodidi, gr. i.  
Antimonii Potassio-tartratis, gr. i.  
Conii Extracti, gr. xviii. M.

Fiant Pilulæ vi. Sumatur una 4ta. quaque horâ.

℞ Potassii Iodidi, gr. xii.  
Decocti Sarsæ. f̄z xii. M.

Ft. Mistura, cujus sumatur 4ta. pars bis quotidie.

Let him have middle diet, and a pint of milk. Let the head be shaved.

April 26. He is still feverish ; but the eruption is less itchy : the bowels are costive. Haustus purgans statim sumendus. Pergat in usu medicamentorum.

April 29. The eruption is less scaly, and not so itchy as it was some days since. The mouth is tender. Let one grain of the Iodide of Potassium be added to each dose of the mixture.

May 3. The spots are getting paler, and no fresh ones have appeared.

May 6. The scaliness is gone, and the colour of the spots is disappearing : the mouth is tender. Pergat.

May 10. The eruption is still rapidly disappearing ; the scaliness is wholly gone. He is improving in every respect. Let him take a pill every night only.

May 13. The eruption gets paler daily, under the influence of the mercury. Pergat.

May 17. He is rapidly getting well ; but he complains of the pill causing a burning sensation in the stomach, which continues for three or four hours. Let the pill be omitted.

℞ Hydrargyri Pilulæ, gr. ii.  
Conii Extracti, gr. iii. M.

Ft. Pilula, maneque nocte quotidie sumenda.

Let him continue the use of the mixture, one grain of the Iodide of Potassium being added to each dose. The same diet.

Although the eruption is nearly gone, yet, a few spots still remain, and of a deep colour.

May 24. Let the pills be omitted.

R Calomel. gr. v. Ft. Pilula, quamprimum sumenda.  
Haustus purgans niger horâ post pilulam sumenda.

May 27. Improving very rapidly ; nearly convalescent.  
Pergat in usu misturæ.

May 31. Nearly well. Pergat.

June 5. Discharged, cured.

In this case, the mouth was scarcely touched by the mercurial ; yet, the eruption gave way, and the cure of the disease was steadily progressive until it terminated in health.

In concluding the investigation of this genus of Scaly Diseases, I have no hesitation in again affirming that there is, in strictness of language, one species only of Leprosy ; namely, *L. vulgaris* : that the *Alphoides* is the form which it assumes in weak and bad habits of body ; and that the *L. nigricans* of Willan and Bateman is, also, a mere variety of common Leprosy, modified by the syphilitic virus. The treatment, for the last, is that which is generally employed for all secondary venereal affections : it will yield to any of the mercurial preparations in ordinary use, judiciously administered ; but it is most effectually subdued, and with the least injury to the constitution, by the combinations of Iodine and Mercury.



## GENUS III. PSORIASIS\*.

Psoriasis is a chronic inflammation of the skin, followed by exfoliations of scales of various shapes and sizes. The primary spots coalesce into patches of an irregular outline, flat, and frequently crossed by fissures; and occasionally producing excoriations, discharging a thin serous fluid, which concretes into flat crusts (Pl. 2, fig. 2, *c*), and are accompanied sooner or later with a thickening of the true skin. The eruption is sometimes diffuse, sometimes in distinct spots or patches. It commences in the form of minute, red, or inflamed spots (Pl. 1, fig 1, *a*), the cuticle over which changes into scales, which are pushed off by others beneath them; a new layer being rapidly produced. By the repetition of these exfoliations, the scales thicken and enlarge, and the patches extend by coalescence. When this is the case, and the

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\* The term *Psoriasis* was imposed by Dr. Willan, from the word *Ψώρα*, having been employed by the Greek writers to designate a rough, scaly eruption, which they distinguished by the adjunct *leprous* (*Ψώρα τραχύτερα, λεπώδες, τολωμενη*). Paulus Ægineta (lib. iv, cap ii) treats of it under this name, distinguishing it from *Lepra* by the irregular form of the patches—"Ψώρα autem magis in superficie hæret, et varie figurata est." The term *Psoriasis*, however, is used by Galen, to denote a scaly affection of the eye-lids and the scrotum (de Oculo, cap. vii). The term *Psora leprosa* is also employed by Hoffman: whilst Mercurialis, Haffenneffer, Plater, and others, have described it under the name of *Psora* and *Scabies sicca*; but many, both ancient and modern writers, have classed it with *Impetigo*. Celsus, describing his second species of *Impetigo* (lib. v, cap. 27, § 17), says, "Alterum genus pejus est, simile papulæ fere, sed asperias, rubicundiusque figuras varias habet; squammulæ ex summâ cute decidunt, rosio major est, celerius et latius procedit, certioribusque etiamnum quam prior, temporibus et fit et desinit Rubra cognominatur." It is the Hasef of Avicenna, which is translated *Scabies sicca* by Mininski and Golius (see Good's Nosology, p. 473). Mr. Plumbe (Practical Treatise on Diseases of the Skin, Lond. 1824) and Dr. Duffin (Edin. Med. and Surg. Journal, 1826) have endeavoured to prove its identity with *Lepra*, to which undoubtedly it has a close affinity.

VER. SYN. Dartre ecailleuse (F.): Kleinaussatz (G.): Saphat (*Hebrew*): Sahafati (*Arabic*): Scaly Tetter (*Eng.*).

NOS. SYN. Ψορα (*Auct. Græcor.*): Ψορίασις (*Dioscorides, Galen*): Psora leprosa, et Scabies sicca (*Hoffman; Etmuller; Mercurialis; Haffenneffer; Plater, et alia*): Scabies (*Celsus*): Impetigo (*Celsus; Sennert; Plenck, et alia*): Hasef (*Avicenna*): Psoriasis (*Willan; Bateman; Swed.; Rayer; Cazenave; Schedel*): Lepidosis Psoriasis (*Young, Good*): Dartre squameuse lichenoide (*Alibert*).

disease has been of long continuance, the skin becomes harsh, rough, and chappy (Pl. 3, fig 1, *c*). In some instances, the patches assume a regular uniform arrangement, forming spirals (see *P. gyrata*).

Psoriasis rarely displays itself without being preceded by some degree of febrile disturbance of the habit, accompanied with languor, and a feeling of weariness; headache, and sometimes pains of the epigastrium; symptoms which are most obvious when the attack is sudden. There is frequently a sensation of heat, and always itching, in the parts covered with the eruption; and the latter is augmented when the patient gets warm in bed, or sits near a fire, or takes violent exercise, or is exposed to any cause which can elevate the temperature of the surface of the body. In severe cases of the disease, the tongue is red and adhesive, indicating sub-acute inflammation of the gastro-intestinal mucous membrane.

Psoriasis, in some one or other of its various forms, is a very common disease. It attacks all classes of people; although some of its varieties are almost confined to persons exercising particular trades. It is, in some instances, undoubtedly connected with hereditary predisposition. Women are more liable to it than men: and “those of a sanguineo-melancholic temperament,” as Bateman remarks, “with a dry skin, and languid circulation, are most liable to it\*.” He adds, “it affects them more particularly after lying in, or during a state of chlorosis;” an observation, however, which my experience has not confirmed; although, in those predisposed to the disease, I have seen it more severe during pregnancy than at other times. It is most common in adult age; but infancy and youth are not exempt from it. I have at this time under my care a child, two years old, whose back and thighs are covered with the diffuse form of the eruption.

I have no reason for considering Psoriasis contagious, although Dr. Willan states that he had observed it to occur among children in the same family or school, a circumstance which might, perhaps, be traced to some impropriety in diet. It is liable to cease in the summer and winter, and to return in spring and autumn. In general, it is most severe in autumn.

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\* Synopsis, 7th edit. p. 56.



The eruption sometimes extends over the greater part of the body ; at other times, it is confined to distinct portions of it ; as, for instance, the lips, the angles of the eyes, the hands, the præputium, and the scrotum. The immediate seat of the inflammation is the rete mucosum, and the subjacent vascular tissue.

D. Psoriasis, especially that variety of it which is termed *P. guttata*, bears a strong resemblance to *Lepra*. It is, however, an error to suppose that the one disease changes into the other. Psoriasis resembles *Lepra* chiefly in its commencement, which is a minute, red, solid pimple, forming a scale on its apex ; and, as the speck expands, it presents, for a short time, almost the same circular appearance as *Lepra*\*. Psoriasis, however, differs from *Lepra*, in the spots soon losing the circular form, and becoming irregular in their shape : and, as they enlarge, they do not display the elevated border and depressed centre so conspicuous in those of *Lepra*. The scales in Psoriasis are less white, and the margins of the patches of a less vivid red, whilst the surface under them is more inflamed and more tender than in *Lepra*. When the spots in *Lepra* coalesce into patches, we can still trace their primary circular form in the outline of the patch : but the patches in Psoriasis are always irregular, and more or less angular. In Psoriasis, also, the scales do not accumulate and adhere so firmly as in *Lepra* ; on the contrary, they readily separate. When the disease yields to the influence of remedies, the affected parts sooner acquire the natural hue of the skin than those in *Lepra*.

Psoriasis differs from *Pityriasis* in the greater degree of inflammation which gives origin to the scales ; and these not having the minute micaceous or branny character of those of *Pityriasis*.

In the decline of some of the species of *Lichen*, a scaly exfoliation occurs : but the previous history of the case at once leads to a correct diagnosis. There is one of the scaly syphilitic eruptions, also, which somewhat resembles Psoriasis : but the dull copper-colour of the spots, the thin and little distinct character of the scales ; the soft and scarcely

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\* Many writers, amongst whom we find Vogel, Sauvages, Linnæus, Cullen, and Dr. Falconer, include Psoriasis in their description of *Lepra* ; whilst Plumbe and Dr. Duffin regard the two diseases as varieties of the same affection.

raised spots ; their disposition to form crusts, and the absence of itching, as well as the nature of the previous symptoms, enable us readily to distinguish Psoriasis from it.

Psoriasis is said to be sometimes associated with *Lepra*\*. I have never met with a decided case of both existing at the same time in the same person ; nor have I ever seen an instance of Psoriasis and Pityriasis appearing together on the same individual at the same time. The appearance of phlyzacious pustules, however, are by no means uncommon, especially in long-continued and obstinate cases of Psoriasis *inveterata* (Pl. 3, fig. 2, a) : Psoriasis and Eczema *impetiginodes* may exist together ; and Cazenave and Schedel mention a case they witnessed in the Hospital of Saint Louis, in which Psoriasis of the hairy scalp was co-existent with *Porrigo favosa*†. I have frequently observed several of the forms of Psoriasis present in the same person.

C. If we consider that Psoriasis appears most commonly in persons of a languid habit, and suffering under a congestive state of the capillary circulation, it is not surprising that, in almost every instance, the disease can be traced to some deranged condition of the stomach and chylopoietic viscera. Whatever, consequently, can produce this state, and augment to a morbid degree the irritability of the stomach, is likely “to be accompanied by a corresponding irritable condition of the skin, which, inducing subacute inflammation of the superficial capillaries, causes the cuticle to be secreted in that state which characterizes the disease‡” in all its forms. In children, if it do not directly originate from the irritation of dentition, the exciting cause, undoubtedly, of several other cutaneous eruptions, at that period of life, it is at least rendered more severe and difficult of management in this condition of the habit, which, it is unnecessary to remark, exerts a powerful influence over the digestive organs. In adults, especially those in which there is an hereditary predisposition, one of the most frequent exciting causes is mental depression, arising from anxiety, grief, and apprehension.

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\* *Abrégé Pratique des Mal. de la Peau.* Paris, 1828, page 316.

† *Ibid.*

‡ In Bateman's *Synopsis*, 7th edit. p. 55, which I edited, the above is the opinion which I hazarded respecting the cause of Psoriasis.



In the case of a female at present under treatment, I have been enabled to trace three distinct attacks of *P. diffusa* to anxiety of mind. The disease has also been supposed to be connected with the gouty diathesis; and, in as much as gout results from a deranged condition of the alimentary canal, both diseases may be regarded as concurring consequences of the same exciting cause. Whatever can derange the stomach, such as acescent and indigestible food; unripe acid fruits; vinegar; drinking cold water when heated\*; the unseasonable employment of the cold bath; overheating the habit by violent exercise†; may be regarded as occasional causes of Psoriasis. It is not less common among those who lead a luxurious and indolent life, than the poor who are scantily nourished and clothed. Some of the local varieties have been referred to the irritating influence of substances employed in certain trades: but it is probable that these operate only where there is a predisposition to the disease.

We may safely regard Psoriasis as not contagious; although from Dr. Willan, as already noticed, having observed Psoriasis *guttata* to occur among children in the same school or family, Dr. Bateman thinks that species of the disease is probably contagious‡. Dr. Cumin, also, mentions the case of two ladies who had the disease in their necks, and were impressed with the opinion that they had received it from their female attendant§. But, rejecting the idea of contagion, there is no difficulty in accounting for its appearance in individuals of the same family; especially in children in the same school; if the opinion, that it occasionally depends upon certain articles of diet, be correct. I have never observed the disease to be communicated from one person to another; and I have witnessed very severe cases of it in women living with their husbands, who have not been infected.

Willan||, Bateman¶, and Rayer\*\*, remark that *P. guttata* and *P. diffusa* are sometimes the sequel of Lichen; and Dr. Cumin states that he has seen *P. inveterata* a sequel of Ec-

\* Memoirs of the Med. Soc. of London, vol. iii.

† Bateman's Synopsis, 7th edit. p. 56.

‡ Ibid.

§ Cyclopædia of Practical Medicine, vol. iii. p. 543.

|| On Cutaneous Diseases, vol. i. p. 57.

¶ Ibid. p. 156.

\*\* Traité Théorique et Pratique des Mal. de la Peau, tome ii. p. 59.

*zema rubrum* ; and even this disease degenerate into *P. guttata*\*. Rayer also says that he has seen it supervene the application of a blister. My experience has not afforded examples of a similar description.

P. Although some of the forms of Psoriasis are extremely difficult of cure, in some instances continuing for a life-time, yet it rarely proves dangerous. Cases of long-continued *P. diffusa* and *inveterata* have terminated fatally ; but this seems to have been the result rather of the condition of the gastrointestinal mucous membrane, on which the cutaneous affection depends, than of the cutaneous irritation. I know an instance in which *P. inveterata* has existed for upwards of twenty years, yet, in other respects, the patient, who is seventy-eight years of age, enjoys good health.

When the disease yields to remedies, the scales gradually drop, and are not reproduced, the cuticle of the affected spots softens and displays only a somewhat darker hue than that of the healthy skin, and a slight depression : the fissures and thickening of the skin, when these exist, also gradually disappear, and by degrees the surface assumes its natural and healthy texture. These favorable appearances, however, are sometimes fallacious ; thence a cautious prognosis should be given respecting the termination of the disease ; as, after an apparent cure, it often returns on the application of some slight occasional cause, or a change of season.

T. Although the treatment of Psoriasis requires to be modified according to the form which the disease assumes, and its duration, yet, in a general point of view, the antiphlogistic plan should be pursued ; except when the disease attacks naturally delicate or chlorotic females, or persons in whom the powers of the habit have been lowered from defective nourishment, bad clothing, and the other deprivations attendant on poverty ; or from long-continued mental-depressing influences.

Regarding the disease, as it most commonly displays itself in the commencement, three objects are to be especially kept in view in its treatment—namely—

1. To subdue inflammatory action.
2. To allay the morbid irritability of the mucous membrane.

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\* Cyclopædia of Practical Medicine, vol. iii. p. 544.



3. To stimulate the capillaries to renewed activity ; so as to change morbid into healthy action in those of the skin, and to improve the cuticular secretion.

1. *Blood-letting*.—In fulfilling the first indication, moderate general bleedings, with a judicious administration of purgatives, and a mild, unstimulating diet, are required ; and, in almost every case, are essential to the cure of the disease in all its forms, whether general or local. Willan and Bateman, whose authority must always be respected in everything connected with affections of the skin, have regarded bleeding and repeated purging injurious ; but I have witnessed few cases which have not required the use of the lancet ; and Rayer\*, Duffin†, Dr. Wallace, and Dr. Graves, have borne testimony to its salutary influence. We must be regulated by the degree of tendency to plethora in the patient, and the appearance of the blood, which is usually buffed, and more or less cupped, as well as the form of the disease, in determining the repetition of the operation and the quantity of blood to be abstracted. In the most severe cases, with a few exceptions, I have seldom found it requisite to order more than ten ounces of blood to be taken at one time, or to repeat the bleeding sooner than six or eight days. The eruption always appears paler on the following day ; and the scales separate spontaneously in greater quantity, leaving the subjacent surface less red than before the bleeding ; the itching is also always abated. I have seldom seen any decided advantage derived from topical bleeding, even in the local varieties of Psoriasis ; nor is this remarkable, if my opinion—that the local affection is developed by accidental causes operating upon a habit in which there exists, at the time, a general predisposition to the disease—be correct. Local blood-letting is generally thought to be adapted for children labouring under Psoriasis *diffusa* ; yet my own experience does not authorize me to concur in this opinion. Unless great care be taken to check the flow of blood in due time, leeches debilitate children more than the abstraction of a moderate quantity of blood by the lancet ; and, by employing the latter, we have the farther advantage

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\* *Traité des Maladies de la Peau*, tome ii. p. 49.

† *Edin. Med. and Surg. Journ.* No. 86.

of being able to regulate the quantity of blood to be taken. When leeches are employed, they should be placed near the most inflamed patches.

*Purgatives.*—With respect to the employment of purgatives in Psoriasis, although my experience is at variance with the opinion of Willan and Bateman, yet I am not prepared to go the length to which Biett recommends purging to be carried\*. On the contrary, the employment of drastic purgatives, such as jalap, colocynth, and gamboge, appear to me to be decidedly contra-indicated in the irritable condition of the mucous membrane, which always more or less exists in Psoriasis; and I have found this opinion practically correct. When the disease is an accompaniment of Anæmia or Chlorosis, I have found a combination of small doses of calomel, ipecacuanha, and aloës, an excellent purgative; but, in these cases, the bowels share the general torpor of the habit: whereas, in Psoriasis, independent of these states of the habit, the chief utility of purgatives is to remove half-digested, consequently irritant ingesta, from the intestinal canal; the mild saline purgatives are, therefore, the best adapted for that purpose. When the papillæ of the tongue are red and elongated, indicating an acescent state of the stomach, a combination of magnesia and the sulphate of magnesia is well adapted both to neutralize the acid, and, by stimulating the orifice of the ductus communis choledochus, to bring down an adequate quantity of bile into the duodenum†. When the tongue is red, smooth, and adhesive, purgatives have always appeared to me to be injurious.

*Diet.*—In every case of Psoriasis, in aid of the remedies for fulfilling this indication, the diet should be light, nutritious, and not stimulant. Milk combines in itself all these properties; and where patients can be confined to a milk diet, with a proper quantity of bread, or other farinaceous matter, the

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\* See *Abrégé Pratique des Mal. de la Peau*, par Cazenave et Schedel, p. 303. The bias of Biett in favour of purgatives seems to depend, in a great measure, on his opinion that the same treatment is requisite for Psoriasis and Lepra: but, in the latter disease, the mucous membrane never displays the state of irritability in which it exists in the former.

† To produce this effect, the fluid employed in making the draught should not be more than is absolutely requisite for the solution of the sulphate of magnesia; and the dose should be followed, an hour afterwards, by the administration of some tepid demulcent, to dilute the bile in the duodenum, and to sheath its acrimony on the highly irritable mucous membrane.



disease more rapidly yields to the influence of remedies than when an animal diet is employed: a more permanent cure is obtained. No cutaneous affection is so powerfully swayed by sympathy with the condition of the alimentary canal as Psoriasis; thence, even when more stimulant diet is admissible, pork, fish, especially shell-fish, highly seasoned dishes, pastry, baked and fried meats, vinegar, acid fruits, pickles, wine, spirits, porter, ale, and every description of fermented liquor, should be interdicted. When the condition of the habit demands the use of animal food, mutton, poultry, and game are to be preferred; and to any of these, a moderate share of well-boiled vegetables may be conjoined.

2. For fulfilling the second indication, namely, to allay the morbid irritability of the mucous membrane, sedatives, narcotics, and simple tonics, present themselves as proper for internal administration; and baths, either of simple tepid and hot water, or medicated, or of aqueous vapour, are the best external means.

*Sedatives and Narcotics.*—In another place\*, I have stated, that, “from my own experience, I can confidently assert,” that the best sedative in Psoriasis, “is the *Liquor Potassæ*,” in conjunction with diluted hydrocyanic acid, and administered in the emulsion of bitter almonds, when idiosyncrasy does not interfere with the employment of the bitter almond. It corrects acidity, by allaying the irritable condition of the mucous membrane, sooner than any other remedial agent with which I am acquainted. In general, the dose of the solution of *Potassæ* which is ordered is too small: I usually commence with thirty minims, and gradually augment the dose to that which the stomach of the patient can bear. I have carried the dose to eighty, and on two occasions to one hundred and five minims twice a day, with the most beneficial result. When the patient is strong, and presents a tendency to plethora, the best vehicle for the solution is the bitter-almond emulsion, itself a sedative; if delicate, the infusion of yellow Cinchona, or of Cascarilla, or the decoction of Sarsaparilla, or of Elm-bark, is preferable to the almond emulsion.

Among the narcotics employed in this disease, the decoction of twigs of the Bitter-sweet (*Solanum dulcamara*) has

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\* Bateman's Synopsis, 7th edit. p. 68.

been much lauded. I have frequently prescribed it; but candour obliges me to acknowledge that it has rarely realized the anticipations which its eulogists\* have led us to form of its remedial influence.

*Tonics.*—The most powerful of this class of medicines, exhibited alone, are of little value in Psoriasis, unless in extremely delicate individuals, or females labouring under Anæmia or Chlorosis. The best tonic, assuredly, for such cases is the Iodide of iron, in doses of from two to five grains. If it cause headache, or excite too powerfully, the Iodide of zinc, in doses of a grain to two grains, may be substituted for it.

*Baths.*—Nothing tends more to aid sympathetically the internal means already mentioned, for allaying the irritability of the mucous membrane, and directly diminishing the sensibility of the surface, as well as abating the burning pain and itching of the affected portions of the skin, in the early and inflammatory stages of this disease, than the tepid water or the aqueous vapour bath†. But, in general, the time of remaining in the bath is too limited to prove permanently useful: it should be limited only by the patient becoming faint. The addition of decoction of bran, or linseed, or gelatine, as recommended by some continental practitioners, is unnecessary. The soothing effect of the simple warm-water bath, and the vapour bath at a moderate temperature, in allaying irritations of the gastro-intestinal membrane, has been long known; indeed, from observing the sympathy which exists between the skin and that membrane through the medium of the nervous system, we might have been led to anticipate the effect which experience has amply confirmed. But, besides this soothing influence, these baths tend to remove intestinal congestions, and to equalize the circulation by their derivative influence; whilst at the same time, by imparting a gentle stimulus to the skin, they aid in restoring the healthy action of the cutaneous capillaries, and, consequently, in effecting the secretion of a sounder cuticle. The efficacy of the simple warm-water bath is

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\* Chrichton, in Willan on Cutaneous Diseases, p. 145. Gardner, Med. and Phys. Journ. May 1830.

† The temperature of the tepid water best adapted for the above purpose is from 90° to 95° Faht.; that of the vapour bath, if the vapour be breathed, from 95° to 100°; if not breathed, from 100° to 106°.



increased by several saline matters, which shall be mentioned under the next head of indications to be fulfilled ; I may only add here, that the beneficial influence of both kinds of baths is augmented by moderate friction whilst in the bath.

The tepid douche, or tepid shower bath, combines in some degree the influence both of the warm bath and of friction. It is the regular repetition of the effect, not the power of the agent, however, which is the source of the benefit. Even the inveterate form of the disease is ameliorated by this mode of employing warm water ; the scales are loosened ; the itching is soothed ; and the influence of the general remedies, in restoring the sound state of the cuticle, is aided. These baths display their salutary influence most obviously when they are employed immediately after venæsection. It is scarcely requisite to observe, that some caution is necessary in employing them where a tendency to apoplexy exists.

*Ointments.*—I have seldom witnessed much advantage derived from the application of cream, oil of almonds, the bread and milk poultice, or decoction of bran ; and, as Bateman justly remarks, “ any admixture, even of the oxide of zinc or preparations of lead, is commonly detrimental.” Neither have I witnessed any benefit to follow the application of cataplasms of narcotic herbs\*.

3. For fulfilling the third and last indication, to be answered in the general treatment of Psoriasis, alteratives, revulsives, and stimulants of various kinds, have been employed.

*Alteratives.*—The decided effects produced by the preparations of mercury upon the capillary system has pointed them out as well adapted for converting diseased into healthy action in many chronic affections of the skin ; and, notwithstanding the anathema of Willan and Bateman, there is sufficient proof of their beneficial influence when they are judiciously prescribed in the severer forms of Psoriasis. It must, however, be admitted, that mercurials, pushed to the extent of causing salivation, prove not only useless, but injurious, in Psoriasis—a fact which was ascertained more than a century and a half

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\* Rayet gives the following formula for a narcotic cataplasm :—℞ Poudre de Feuilles de Jusquiame, Feuilles de Cigue de Morelle, Farine de Lin, aa ℥i. Délayez dans quantité suffisante de decoction de têtes de pavot et de fleurs de coquelicot.

ago by Willis\*. But their efficacy as alteratives, administered in minute doses, for restoring the healthy condition of the digestive organs when these are deranged, and for improving the secretions of the alimentary canal, is undoubted; and it is upon this principle that they prove salutary in Psoriasis. The Bichloride is usually prescribed, in doses of from one-tenth to one-sixth of a grain, in the decoction of bitter-sweet, given twice or thrice a day; but I have found that the Hydrarg. c. Creta, in doses of gr. v to gr. viii, when the stomach is overcharged with acid, or the Biniodide of mercury, in doses of the sixth of a grain, twice a day, better adapted to answer the above intention than any other of the mercurial preparations. When the former is employed, the Iodide of Potassium may be administered, in combination with the Liquor Potassæ, in the bitter-almond emulsion; when the latter, the Iodide of Potassium may be combined with it in the form of a pill. In both cases, the alterative influence of the mercurial on the capillary system is promoted by that of the Iodide of Potassium; and, in delicate persons, it does not interfere with the administration of Cinchona, Cascarilla, or any other tonic required to maintain the powers of the habit. Iodine, indeed, in combination both with sulphur and with arsenic, in the form of Iodides, exerts a most salutary influence in Psoriasis as well as in Lepa. It carries both the sulphur and the arsenic more completely into the system; and, acting directly upon the cuticular vessels, it sets up a new action adequate to overcome the morbid one which constitutes the disease.

*Sulphur*.—Sulphur itself, or in combination with Potassium in the form of a Sulphuret, has been long employed as a revulsive in Psoriasis. The dose may be carried to a scruple; but it is preferable to commence with grain doses. The Harrowgate, the Moffat, and the numerous other sulphurous waters in this country and on the continent, owe their therapeutical properties to a combination of this kind. They prove either sudorific or diuretic, according to the temperature of the surface of the

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\* In a severe case, which he details under the name *Impetigo*, where the scales accumulated nightly in heaps in the bed, “unaquaque nocte, squamæ instar fufurum magna copia intra lectum deciduæ, in acervos colligi potuerint,” he salivated repeatedly, and apparently cured the disease: but he adds, “verum intra tres menses, idem morbus repullulans brevi ad pristinam feritatem pervenit.”—Willis, *Pharmaceutice Rationalis*, sect. iii, c. vii, p. 496.



body at the time of their exhibition. All of them have effected cures in severe cases of this disease, both when taken into the stomach and employed as baths. The sulphuric acid, the salutary influence of which I have witnessed in several very obstinate cases of *P. inveterata*, is supposed to undergo decomposition in the habit, and its base to operate in the same manner as if it had been given in the form of simple sulphur\*. This may be true; but I am disposed to think that the beneficial influence of this acid, as a tonic, is felt before any decomposition takes place: the one action, however, is not at variance with the other; and the fact of its beneficial property is of more importance than the knowledge of its mode of operating. To secure this advantage, the dose of the acid should be carried much beyond that which is usually prescribed. The Iodide of sulphur† has not been long known to the profession: it operates decidedly upon the skin as a diaphoretic; and both its components—the one as hydro-sulphurous gas, and the other as Iodide of sodium—can be readily detected in the perspired matter. It is said to have proved beneficial in Psoriasis; but, although I have witnessed its salutary influence in Scabies, yet I have had no experience of it in this disease.

*Iodide of Arsenic.*—For my opinion of the value of Iodide of Arsenic, as a remedial agent in severe scaly eruptions, I must refer my readers to what has been said of it under the head of *Lepra*. It operates in the same manner, producing the same beneficial results, and requiring the same precautions in its administration, in Psoriasis as in *Lepra*: but it is only in long-continued and very obstinate cases that it is required. I cannot agree with Rayer, that arsenical preparations are productive of only temporary benefit; nor in his concluding remark—“avec la crainte non moins fondée de porter quelque funeste atteinte à des organes intérieurs plus irritables que la peau, et sur lesquels ces remèdes énergiques exercent

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\* *Smyth*, Medical Communications, vol. i. p. 191.

† This preparation is formed by rubbing together four parts of iodine and one of sulphur, then exposing the mixture in a flask to a moderate heat, until it fuses. On cooling, it forms a crystallized mass, somewhat resembling antimony, but of a darker colour. It is decomposed, if too high a temperature be employed for its fusion. The dose is from five to ten grains.

une action plus directe\*.” I have seen it fail in relieving *P. inveterata*, which afterwards yielded to large doses of diluted sulphuric acid in the decoction of Cinchona bark; and, on the other hand, I have witnessed the disease permanently eradicated by it, when that acid and all the other usual remedies had been productive of no benefit.

*General Stimulants.*—Those remedies of this class which have been already spoken of in *Lepra*,—namely, Tincture of Cantharides†, Turpentine, tar pills and tar water, the compound decoction of Sarsaparilla, and some other stimulant vegetable decoctions,—are equally serviceable in Psoriasis and in *Lepra*; but their value is more questionable than that of the Iodide of Potassium, the mercurial alteratives, the arsenical compounds, especially the Iodide; and, above all, the *Liquor Potassæ*, on which I have every reason, from numerous opportunities of witnessing its powerful influence in recent cases of all the forms of the disease, to place the greatest reliance.

Such are the general remedies employed in the treatment of Psoriasis. In ordinary cases, with the exception of baths, topical applications are seldom required; and indeed their action sometimes produces a delusive idea of improvement which is not realized. The state of the eruption, like a barometrical guide of atmospherical changes, is the best method which we possess of judging of the efficiency of the general means employed for curing the disease; and topical remedies can only be regarded as adapted to alleviate the sufferings of the patient, rather than affording any positive aid to the general remedies for obtaining a satisfactory result. Many practitioners, however, rely chiefly on external applications, in every form of Psoriasis. It is, therefore, necessary to investigate, in this place, the properties and value of those that exert a stimulant influence. I shall examine them under the heads—Vesicants and Suppuratives; Stimulant Ointments; and Lotions and Baths, natural and artificial.

*Vesicants, Suppuratives, Ointments.*—In long-continued

\* *Traité des Mal. de la Peau*, tome ii. p. 45.

† Rayer informs us that the dose of this tincture, at first five drops, may be increased until sixty are taken daily; and that its use may be continued daily for even four months without causing any obvious derangement of the digestive, the respiratory, or the urinary organs.—*Traité des Mal. de la Peau*, tome ii, p. 44.



and inveterate cases of Psoriasis, the diseased condition of the skin is as it were maintained by habit; consequently, attempts have been made to change this, by the action of a new irritant; and, for this purpose, blisters and the tartar emetic ointment have been used. Their effect, although apparently satisfactory, is not permanent; as I have, on several occasions, witnessed. Dr. Cumin has suggested the employment of the strong acetic acid, where there is a “solid thickening both of the cuticle and cutis, sometimes seen particularly in the knee and elbow.” He adds, “the results of our trials (of it) has been highly satisfactory—the diseased cuticle separating in flakes, and a new surface being exposed of a much more healthy character\*.” I have never seen any occasion to order so powerful an escharotic; as, in the most inveterate cases, the thickening has yielded to the tar ointment combined with calomel, or with the Iodide or Biniodide of Mercury:—marked benefit also has been obtained from the ointment of the Iodide of Sulphur†.

In using these ointments, as brisk friction on the affected part is employed each time before their application, it is difficult to determine how far the benefit may not be due to the friction and the exclusion of the air which the ointment effects. Dr. Morrison treated successfully several cases of the disease by friction, and excluding the air. He dipped a sponge in tepid water, then squeezed it hard, and covered it with oatmeal. With this prepared sponge, the affected parts were briskly rubbed for a considerable time, occasionally renewing the oatmeal on the sponge; and after this operation, when the parts were well washed and dried, he applied

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\* Cyclopædia of Practical Medicine, vol. iii. p. 548.

† The following are the forms in which these ointments may be prescribed:

- R Calomelanos, ℥i. Unguenti Picis Liquidæ, ℥iv.  
Unguenti Cetacei, ℥i. M. ut fiat Unguentum.
- R Hydrargyri Iodidi pulveris subtilissimi, gr. xv.  
Unguenti Picis Liquidæ, ℥iv.  
Unguenti Cetacei, ℥i. M. ut fiat Unguentum.
- R Hydrargyri Biniodidi in pulvere subtilissime, gr. xii.  
Unguenti Picis, ℥iv.  
Unguenti Cetacei, ℥i. M. ut fiat Unguentum.
- R Iodidi Sulphuris pulveris tenuissimi, ℥ss.  
Unguenti Cetacei, ℥i. M. ut fiat Unguentum.

neatsfoot oil over them with a varnishing brush\*. Decided benefit has also resulted from covering the affected parts with oiled silk, when no friction has been employed. As the ointments, however, are powerfully stimulant, there is no reason for doubting that they operate specifically by exciting the cutaneous capillaries. A question here arises: how far is it safe to repel the eruption in Psoriasis? Alibert mentions a case in which it apparently was repelled by hot flour applied over the eruption: great irritability and unquenchable thirst were induced, “sa salive;” the patient was a lady—“est devenue épaisse, fétide, et comme platreuse. Pour comble d’infortune, ses yeux sont totalement perdus†.”

*Lotions.*—The chief stimulant lotions employed in Psoriasis have been composed of the hydrosulphurets of the alkalies, in the proportion of  $\zeta i$  to a pint of water. I have occasionally witnessed considerable benefit result from a lotion consisting of twelve grains of the Bichloride of mercury and eight fluid ounces of almond mixture; but, in general, lotions are remedies of equivocal value in Psoriasis.

*Baths.*—The natural sulphur baths operate in the same manner in Psoriasis as in Lepra; but it is only in long-standing cases, or after the inflammatory symptoms have been alleviated, that these baths are proper. When the natural baths cannot be resorted to, an artificial bath, composed of  $\zeta iv$  of dry sulphuret of potassium and thirty gallons of water, may be substituted; and this may be used every other day. On the same principle, the tepid sea-water bath has been employed; but it should be continued daily for two or three months, in order to effect any permanent benefit. The sulphur fume baths are recommended by Dr. Green: they certainly assist the influence of general remedies; but, as I have already stated, in noticing their effects in Lepra, I have seen no instance of a permanent cure effected by them without the aid of internal remedies.

There is perhaps no affection of the skin so liable to return as Psoriasis; thence, when the disease has been cured, the patient should be cautioned against abuses of diet, and

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\* Edin. Med. and Surg. Journ. vol. xxvi. p. 525.

† *Maladies de la Peau*, p. 84.



subjecting himself to the influence of the known exciting causes of the disease. When all ordinary efforts have proved unavailing, the removal to a warm climate has been judiciously recommended, on the principle that “the habitually increased activity of the cutaneous function, and the change which the constitution is likely to undergo, may render successful the modes of treatment which were previously without effect\*.”

Dr. Willan has described the various forms which Psoriasis assumes under eleven species, each of which he has named. In the seventh edition of Dr. Bateman’s Synopsis, I ventured to reduce Willan’s species to five; but, if we are to be guided by the physical character of the eruption in forming species, I am of opinion that they may be farther reduced to three, under which all the others should be placed as varieties. The genus may, therefore, be arranged as follows:

SPECIES I. PSORIASIS *diffusa*.

- Var. a. ——— *guttata* ;  
 b. ——— *ophthalmica* ;  
 c. ——— *labialis* ;  
 d. ——— *lotorum* ;  
 e. ——— *pistoria*.

SPECIES II. PSORIASIS *inveterata*.

- Var. f. ——— *palmaria* ;  
 g. ——— *præputii* ;  
 h. ——— *scrotalis*.

SPECIES III. PSORIASIS *gyrata*†.

SPECIES I. PSORIASIS *diffusa*. DIFFUSE PSORIASIS‡.

This species of Psoriasis (Pl. 1, fig. 1) is the most com-

\* Dr. Cumin—Cyclopædia of Practical Medicine, vol. iii. p. 539.

† I have not placed in the above arrangement that variety which is an accompaniment of syphilis, and which has been denominated *Syphilitic* Psoriasis.

‡ VER. SYN. Diffuse Scaly Tetter.—Spreading dry scale.

NOS. SYN. Dartre squammeuse humide—Dartre squammeuse orbiculaire (*Alibert*).

mon ; it is also more inflammatory than any of the other species of the disease. The eruption is usually preceded by some constitutional derangement, namely, a general uncomfortable feeling, headache, pains in the stomach and bowels ; and the eruption is frequently ushered in by a sensation of heat, tingling, or itching over the skin. The eruption first displays itself in the form of small, distinct, somewhat elevated points (Pl. 1, fig. 1, *a a*), on the apex of which dry scales form. These are rapidly connected, and form small scaly irregular patches (*b c*), which, in their turn, coalesce, and constitute broad extended patches, in which the original spots are lost (*d d*). The skin is hot, red, and tender ; in some cases, the inflammation is great, and the patches display fissures and excoriations, the former containing a dry powder or scurf. The scales are less numerous than in the other species ; they adhere by a central point, although they appear to be placed edgewise on the surface. They are very irregular, both in shape and in thickness. The patches feel rough and harsh under the finger, when it is passed over them. When they are rubbed, the scales separate, and leave the surface beneath them red and moist, whilst the heat and pain are greatly aggravated by the friction ; and this is also the consequence of going near a fire, or exposure to an increase of temperature, or the use of stimulants.

Psoriasis *diffusa* appears on every part of the body. I have seen it covering the hairy scalp, the face and the ears, the shoulders, and greater part of the back, and both the upper and lower extremities at the same time. A scaly incrustation occasionally surrounds the fingers down to the nails, which become brittle, crack, and exfoliate. The scales in some instances, instead of being white, have a pale yellowish hue. The eruption, sometimes, suddenly disappears upon one part of the body and reappears upon another part. The scaliness is usually greater upon the extremities than upon the trunk of the body.

When the disease yields to the influence of remedies, or spontaneously disappears, the eruption first leaves the scalp and the arms ; and, contrary to what happens in *Lepra*, it remains longest upon those parts which are most fleshy. As the cure progresses, the centre of the patches are first freed



from the scales, and assume a dull reddish hue, rendered more striking by the scales which still remain on the margins forming whitish, irregular crescents (Pl. 1, fig. 2).

This species of Psoriasis generally attacks adults; but neither childhood nor infancy is exempt from it. When it appears during dentition, the disease is aggravated: it is accompanied with inflammation of the mucous membrane of the nostrils; and the patches often pass into sores, and form scabby incrustations; or it displays an admixture of smooth, shining, red elevations, with the scaly patches, which, in the clefts of the nates and other parts in fat children, exude moisture. Dr. Willan\* regarded this a distinct species, and named it *Psoriasis infantilis*; but there is no reason for regarding it otherwise than as *P. diffusa*, modified by infancy and the irritation of dentition. Dr. Underwood says—"These (the sores) die away, and the like appear successively in other parts, sometimes for two or three months, leaving the skin of a dirty or dusky hue†. He had observed it attack the suckling mother or nurse, and apparently spread to other children who slept with the nurse or child; he therefore adds, "I have now no doubt of its being contagious in that way, though not by a more distant intercourse." The disease is certainly not contagious in adults.

*Psoriasis diffusa* is, occasionally, a severe disease; and, when of long continuance, the diseased condition of the mucous membrane, and the itching and unremitting irritation, wear down the powers of the habit; and, in a few instances, it has terminated fatally. In general, however, it yields to the influence of remedies; but it is apt to recur in spring or in autumn, or during deranged states of the digestive organs from irregularities of diet.

The other forms of this species of Psoriasis are regarded as varieties, on account—either of some difference in the physical appearance of the eruption;—or on its being stationary and confined to certain parts or particular organs of the body;—or to some connection between the disease and the occupation of the patient.

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\* On Cutaneous Diseases, vol. i. p. 170.

† Treatise on Diseases of Children, 4th edit. vol. i. p. 97.

## VARIETIES OF P. DIFFUSA.

A.—*Depending on the Aspect of the Eruption.*

*Var. a, P. guttata*\* (*Willan*), (Pl. 4, fig. 1), is a less severe form of the disease than *P. diffusa*, but equally common. It usually appears in spring, after some degree of feverish disturbance in the habit, accompanied with muscular pains; and it is apt to recur, for many successive years, at the same time. It is characterized by the small patches of the eruption not coalescing so extensively as those in *P. diffusa*, but remaining distinct; and the intervening skin being healthy. Cazenave and Schedel describe it as resembling “assez bien à des gouttes d’un liquide que l’on aurait projeté sur la peau†;” but this description is equally applicable to the first appearance of *P. diffusa*. (See Pl. 1, fig. 1, *aa*.) Indeed, it is to the diffuse form of Psoriasis what *Lepra alphoides* is to common *Lepra*; namely, the same disease appearing in a less plethoric or inflammatory state of the habit.

Psoriasis *guttata* first displays itself in the form of minute, solid, red points, closely resembling those which characterize the commencement of *P. diffusa*: they enlarge and coalesce; seldom, however, to an extent exceeding an inch in diameter; and become covered with small, dry, white scales. They display much less inflammation than those of *P. diffusa*, even when the disease assumes its acute form in children, in whom it spreads rapidly over the body in a few days. In adults, it is a chronic form of the disease, and is slow in its progress.

This variety of *P. diffusa* appears on every part of the body; but most commonly on the back, and on the exterior part of the fore arms. The itching and sensation of burning are much less severe than in *P. diffusa*: the scales do not adhere so firmly; but, when they fall, the surface, which is prominent to the touch, is painful.

The diagnosis, in this variety, is less obvious than in *P. diffusa*. In the distinctness of the patches; their

\* VER. SYN. Drop-like Scaly Tetter.

Nos. SYN. Dartre Squammeuse orbiculaire—Herpes Squammosus madidans et orbicularis (*Alibert*).

† Abrégé Pratique des Maladies de la Peau, p. 308.



somewhat orbicular form; and their becoming first healthy in the centre, on the decline of the disease, it resembles *Lepra*: but it differs from it in their elevated centre; and, when they coalesce, in the components of the patch not retaining their orbicular form so characteristic of *Lepra*.

The treatment of Psoriasis *diffusa* and its variety *P. guttata* is that which has been already detailed. I may, however, remark, that it is in reference to them especially that Rayer\* urges his purgative plan, in conjunction with tepid bathing: and, indeed, there is no doubt that whatever reduces general excitement, may, in some cases, effect a cure: but a continued course of saline purgatives is likely to derange the digestive organs, and consequently to maintain rather than to cure the disease. When *P. guttata* occurs in children, besides scarifying the gums, the secretions should be improved by the mild alterative influence of moderate doses of Hydrargyrum cum Creta; and the acescent and irritable condition of the stomach corrected by the Liquor Potassæ and Hydrocyanic Acid, in appropriate doses, administered in infusion of Rhubarb and Calumba.

#### B.—*Depending on the Locality of the Eruption.*

*Var. b, P. ophthalmica.*—This local variety of Psoriasis derives its name from the scaly eruption being confined to the eye-lids, to the angles of the eyes, and intermixed with the eye-lashes. The inflammation is sometimes considerable, and the itching is always great: it is productive of an acrid watery discharge, and a thickening of the eye-lids, which somewhat impedes their motion.

Old people and children are the subjects of this variety. When it occurs in the latter, the constant rubbing of the eye, on account of the itching, frequently causes inflammation of the conjunctiva with swelling of the eye-lids. As Galen long since remarked, it differs from Psorophthalmia in being an external affection†. It requires the same internal treatment as the general forms of the disease. The best local applications are

\* *Traité des Mal. de la Peau*, tome ii. p. 44.

† “*Psoriasis autem exterior est; Psorophthalmia internam palpebram superiorem præcipue afficit.*”—Galen de Oculo. cap. vii.

leeches on the angles of the eyes, warm fomentations, and covering the part afterwards with the following ointment :

℞ Liquoris Plumbi diacetatis diluti, fʒss.

Unguenti Sambuci, ʒiss.

Aquæ Rosæ, fʒii.

Unguentum leni calore liquiscat ; dien, assiduè cum aqua et liquore agitur, ut fiat unguentum.

I have never seen the disease permanently cured by only topical treatment.

*Var. c, P. labialis*—*PSORIASIS of the Lips*.—This is an obstinate variety of this species of the disease. It is, sometimes, present when no traces of the eruption can be observed on any other part of the body. It is confined to the immediate vicinity of the lips, completely encircling the mouth ; but seldom extending more than half an inch in breadth. It affects chiefly the prolabium of the under lip, the epithelium of which becomes thickened, dry, cracks, and forms large scales, which exfoliate repeatedly for a considerable length of time ; nevertheless the scales adhere more firmly, and they are only detached when the new cuticle beneath them is completed, to crack and exfoliate in its turn. It is very common in young girls of a delicate, nervous frame of body, before the catamenia occurs ; but it is not confined to early life. It gives a peculiar, unpleasant expression to the face, “un aspect froncé\*.” It renders the lips so stiff and harsh, that the patient is constantly obliged to moisten them with saliva, by licking them with his tongue. It may be confounded with *Eczema* ; but the absence of vesicles, the size and the firm adhesion of the scales, and the thickness of the epithelium, are sufficient to elucidate the diagnosis. This variety of Psoriasis has been occasionally traced to the bad habit of biting the lips, which some people acquire.

The ointment of Oxide of Zinc, and many other ointments, are daily employed in this form of Psoriasis with very little benefit. A leech or two applied near the margin of the eruption ; with a course of Liquor Potassæ in the decoction of Sarsaparilla ; and the simple Ceratum Plumbi Acetatis

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\* Abrégé Pratique des Mal. de la Peau, p. 312.



applied over the affected parts ; constitute the treatment from which the greatest benefit has been derived, in those cases for which I have been consulted.

C.—*Depending on the Occupation of the Patient.*

*Var. d, P. lotorum — Washerwoman's Scale.* — I have never witnessed this variety as a distinct disease, but, very often, as the result of employing carbonate of soda and acrid soap, by washerwomen who were predisposed to Psoriasis *diffusa*, and in whom the arms were slightly affected by the ordinary form of the eruption. When Psoriasis is not present in the habit, the eruption caused by carbonate of soda displays more of the characters of Eczema *impetiginodes* (Willan), than of Psoriasis ; the cuticle becoming thickened, rough, red, and cracked : and, instead of the itching of Psoriasis, there is the constant stinging sensation of Eczema. The change, from the ordinary form of the eruption of Psoriasis *diffusa*, produced by soda in washerwomen, is accurately displayed in Pl. 2, fig. 2, of the ATLAS, in reference both to the original disease and to the modification of it caused by the irritant. It is aggravated by the alternate exposure of the skin to the hot soap suds and the cold air : it scarcely ever extends to those parts of the arms which are not immersed in the suds.

Besides the general treatment, the local affection in this variety is alleviated by narcotic fomentations and the partial vapour bath. I have witnessed much benefit derived from the employment of a lotion composed of fʒi of Liquor Potassæ, fʒii of diluted Hydrocyanic Acid, and fʒviii of Bitter-Almond Emulsion. The arm should be swathed by a calico bandage wet with the lotion, and then encased in oil-silk. When the latter is used alone, it frequently brings out a crop of psudracious pustules. I need scarcely remark that the occupation of the patient should be discontinued until the general disease, or the predisposition to it, be overcome.

*Var. e, P. Pistoria—Bakers' Scale or Itch.*—Although this variety most frequently appears on the hands of bakers, and other individuals who work in dry powders, yet, like the foregoing variety, it is a mere modification of P. *diffusa*, in a person predisposed to the disease. It is developed by the irritation of the dry powders acting on an already morbidly irritable sur-

face. I have seen many cases of it in persons labouring under the general disease who have never worked in flour, nor in any other substance that could operate as an irritant to the back of the hand; and, even when the eruption exists exclusively on that part of the body, there is no reason for regarding it otherwise than the external indication of *P. diffusa*, limited in its locality.

The hands swell, and display, on their posterior aspect, one or more rough, scaly patches, which are in some instances interspersed with deep fissures, and extend to the dorsum of the fingers. The scales are larger, drier, and firmer, than those on other parts of the body, and give a sensation of tension and pain on moving the fingers.

The treatment is the same as that for the former variety; securing the affected parts from the influence of the irritating powders.

#### SPECIES II. PSORIASIS *inveterata*, INVETERATE PSORIASIS\*.

This is the severest form of Psoriasis. It has been supposed, not without probability, to be the same disease as *P. diffusa*, aggravated by age, or poverty, or misery, or irregularities and excesses of various kinds. It is also said to be the sequel of *Prurigo senilis*†. I have witnessed it as the primary form of the disease, in females under thirty years of age: it is, nevertheless, most common in old people.

It commences in distinct red points, which rapidly enlarge and form irregular scaly patches, the number and coalescence of which are, in some instances, so extensive as to encrust nearly the whole of the body, with the exception of the face, the palms of the hands, and the soles of the feet. The skin throughout is thickened (ATLAS, Pl. 3, fig. 1, *c, d*), sometimes even to a state of hypertrophy; and the scales of the eruption differ from those of the other forms of the disease (Pl. 3, fig. 1, *b*), being firm, and in close, compacted layers; and whitish, variegated and glistening, not unlike fish scales. The patches are traversed by deep fissures with inverted edges, which

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\* VERN. SYN. Inveterate Dry Scale.

NOS. SYN. Psoriasis agria (*Auct. vet.*). Dartre squammeuse lichenoides. Herpes squamosus lichenoides (*Alibert*).

† Bateman, Synopsis, 7th ed. page 62.



sometimes ooze out a thin viscid fluid; at other times appear filled with a powdery substance. The desquamation and the reproduction of the scales are occasionally so rapid, that large quantities of them are found every morning in the patient's bed. In some instances, entire patches of agglomerated scales separate, leaving a red, tender surface, exuding a thin, acrid, viscid discharge, which concretes into exfoliating plates. In places where the clothes rub against the affected parts—as, for example, on the thighs, the nates, or the scrotum—these excoriations are most common and severe. Around the joints of the fingers, when they are not covered with the eruption, the skin is thickened, appearing almost like bands tied around them (Pl. 3, fig. 1, *d*): when they are encrusted, the nails become yellow, thickened, rocky, and opaque, and are frequently renewed. Pustules of a phlyzacious kind are sometimes intermixed with the patches of the eruption; but, usually, they appear upon the unaffected parts of the skin (Pl. 3, fig. 2, *a*); and, occasionally, they coalesce (Pl. 3, fig. 2, *b c*).

This form of Psoriasis, when the patches are distinct, resembles the severest forms of *Lepra*; but the component spots which constitute the patches do not present the circular shape, nor the depressed centre and raised border of those of *Lepra*. The deep fissures, also, in *P. inveterata*, form an excellent diagnostic feature.

Psoriasis *inveterata* is much under the influence of weather, being invariably aggravated by a moist state of the atmosphere, and during the prevalence of east and north-east winds; the heat and itching, more especially, are increased at such times. It rarely or never declines spontaneously. When it yields to remedies, the new cuticle is at first red, harsh, shrivelled, and still bears traces of the fissures (Pl. 3, fig. 4, *a b b*); and it is often many weeks before it regains its natural aspect, even when the cure is permanent. In numerous instances, it resists obstinately the most judicious treatment for many years; and at length the patient falls a victim to chronic inflammation of the gastro-intestinal mucous membrane. It is in this form of Psoriasis, however, that the Iodide of Arsenic, and other arsenical preparations, promise the greatest benefit, in conjunction with small repeated bleed-

ings, and the daily use of the aqueous vapour bath. The sulphur fume bath is also likely to prove beneficial in long-standing cases of this inveterate disease.

Besides constituting the general affection just described, Psoriasis *inveterata* appears as a local disease, under the denominations *P. palmaria*, *P. scrotalis*, and *P. præputii*.

*Var. e, P. palmaria*—PSORIASIS of the Palm\*.—In many cases of Psoriasis *diffusa*, as well as *inveterata*, the palms of the hands and the wrist become the seat of the eruption, in common with the other parts of the body; but this does not constitute the variety now under investigation: it is only when the palms are exclusively affected, that it acquires the name *P. palmaria*. Even when this is the case, as I have more than once hinted, the disease must still be regarded as generally present in the habit, and the variety depending solely on the locality of the eruption, developed by an accidental cause on the part which it covers. Some constitutional disturbance generally precedes the eruption, which displays itself, at first, in the form of small, flat, or slightly elevated, hard, papillary points, soon covered with dry, whitish scales, and surrounded by an inflamed border. The affected parts are hot and itchy; and as the scales fall in one place, the eruption spreads to another, until the whole palm of the hand is partially denuded of cuticle, swelled, red, shining, cracked, and so fixed in a semiflexed state, that the hand cannot be opened without much pain. As the disease proceeds, the cuticle in the centre of the palm acquires more or less of its natural character, except that it remains smooth, dry, and glistening, whilst deep fissures traverse each side of the hand, and occasionally also the sides of the fingers; and, the exfoliation still extending, the disease is bounded by a ragged margin of cuticle. This margin feels dry, harsh, horny, and white (Pl. 3, fig. 1, *c*); forming a strong contrast with the deep, violaceous-red of the rest of the palm. Sometimes the march of the disease is less regular, and patches of sound cuticle remain on various parts of the palm, surrounded by the disease in its

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\* VER. SYN. Scale of the palm.

Nos. SYN. Dartre squammeuse centrifuge: Herpes squammosus centrifugus (*Alibert*).



various stages. The fissures are sometimes so deep and tender, that they bleed on any attempt to extend the hand. The eruption sometimes extends up the wrist; but it rarely spreads to the back of the hand. In severe attacks, the hands swell, and are painful; and the cuticle frequently exfoliates and is renewed; whilst the palm appears of a dusky hue, as if it were dirty.

This form of Psoriasis *inveterata* is often developed by the occupation of the patient. For instance, it is not uncommon in shoe-makers, cabinet-makers, and others who exert much pressure with the palm, or who work in irritating substances. I have at present under my care a clergyman whose right hand only is affected, which he attributes to the frequent use of the spade in gardening, his favorite amusement. This form of Psoriasis occasionally affects the soles of the feet.

Psoriasis *palmaria* is extremely obstinate, and difficult to manage. It is much aggravated by ointments of every description, and only yields to general remedies. The topical treatment which has proved productive of the greatest benefit in my practice, is bleeding with leeches, applied to the wrist and around the inflamed spots; the vapour of hot water; the application of the *Liquor Plumbi diacetatis dilutus*, by means of lint; confining it on the part by means of an oil-silk glove, which keeps the hand moist, and operates like a perpetual, local, tepid bath. It has yielded to blisters, after long resisting other remedies, both general and topical\*. The same attention to diet and to the regulation of the bowels, as in the general form of the disease, is required in this variety. It is scarcely requisite to say that all pressure upon the affected part should be carefully avoided.

*Var. f. g. P. præputii, and P. scrotalis*—*PSORIASIS of the Prepuce and of the Scrotum*.—These varieties are sometimes very obstinate, and resist every species of treatment for a long period of time. As their names imply, the prepuce and the scrotum are the seats of the disease in males, and the labia pudendi in females. Both varieties often occur simultaneously; but sometimes only one of them is present without the eruption

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\* Medical Repository, vol. iii. *New Series*, p. 58.

appearing on any other part of the body. The eruption commences in the same manner as in the other varieties of the disease; but the skin reddens, soon thickens, becomes rugose, is covered with numerous chaps, and sometimes with excoriations; and the eruption is accompanied with the most distressing itching. The scales are less easily detached than in the other local varieties. When the prepuce is the part affected, it usually causes phimosis; and the least effort to uncover the glans penis is followed by a flow of blood.

These varieties may be confounded with the eruption of secondary syphilis, which resembles Psoriasis; but the patches not presenting a copper-colour, and the absence of the other symptoms of syphilis, readily distinguish them.

The same general treatment requisite in the other varieties of Psoriasis is necessary in these. Sponging with hot water is the best means of allaying the inflammation. The ointment of white precipitate (*Ung. Hydrargyri Ammoniochloridi*, P. L.) is well calculated to soften the skin and to prevent attrition\*.

### SPECIES III. PSORIASIS *gyrata*. TORTUOUS PSORIASIS.

This is the rarest form of Psoriasis. All the cases of it which I have seen have been in females. It appears chiefly upon the trunk of the body, most commonly occupying both the back and the breast. The constitutional affection which precedes the appearance of the eruption is usually less severe than in the two other species; and the aspect of the eruption is so striking as to prevent it from being confounded with them. The patches present serpentine or tortuous, or vermiform figures or rings, of greater or less magnitude (Pl. 4, fig. 2, *a a a*); and, when closely examined, they are found to be composed of scales overlapping one another transversely; and the bands, which they form, separated by pale, superficial, reddish lines. These tortuous patches are moderately elevated above the skin, and feel rough under the fingers.

This form of Psoriasis demands no particular mode of

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\* I have seen much comfort derived from the following domestic prescription:—  
“Boil one ounce of sulphur and four ounces of fresh butter in one pint of water for two hours: strain, and use the liquor as a wash.”



treatment: both the general and the local remedies indicated in the other species being applicable to this form of the disease.

### CASE I. (*Psoriasis diffusa*.)

Sarah Palmer, aged 23 years, was admitted into University Hospital, 13th November, 1839. She is an unmarried woman, of good general conformation, with a fair complexion, and of the sanguine temperament. She has latterly lived in service, in Great Portman Street. Her food has always been good, and in sufficient quantity. The house is an open situation, and free from damp. Her habits have been regular. Her father is alive, and enjoys good health. Her mother died twelve years ago in childbed. She enjoyed excellent health until about seven years ago, when she had a bad leg, which was cured without much trouble. Shortly afterwards she was attacked with an illness which continued for three months; during which, she was prohibited the use of animal food and fermented liquors. About three months ago, she caught cold from sitting in a draught when she was much heated: and the cough was much increased, a fortnight since, by sitting in a cold room for two hours, after a long run in order to reach the railway train, by which she afterwards travelled on the outside, and felt very cold. Two days afterwards, she experienced a tingling in her arms, accompanied with slight redness. This she attributed to the action of some soda with which she had been washing; but, on the next morning, she experienced the same sensation on the back of her neck, and an eruption soon appeared, and extended to between her shoulders and over the greater part of her back. Her legs, from the knees downwards, were next attacked; and the eruption became generally diffused over her whole body; but it was less visible on the abdomen and thighs.

On her admission into the hospital, she presented a fine specimen of *Psoriasis diffusa*. Upon her back, the character of the eruption was most perfect, and seen in all its stages, from its commencement to its acmé (ATLAS, Pl. 1, fig. 1). The eruption on the legs slightly inclined to the character of *Psoriasis guttata*, the spots being scarcely surrounded by an inflamed base. The face and the forehead were

of a deeper red than natural. Her hands and feet were not affected. Her sleep was good; but sometimes it was interrupted by the severe tingling of the eruption. Any violent exercise produced slight cough and difficulty of breathing, with palpitation of the heart; but there was no pain of the side. Her tongue was slightly furred. There were no uneasy sensations nor eructations after taking food. She complained of pain of an anomalous character about the back and shoulders; but was elsewhere free from uneasiness. Her bowels were open, and the catamenia was regular. The sensation caused by the eruption is that of tingling, not of positive itching. It is greatly alleviated by sponging the part with very hot water. V. S. ad  $\zeta$ xii.

R Calomelanos, gr. iv.

Pulveris Opii, gr. i.

M. fiat pilula post venæsectionem sumenda.

Haustus purgans niger hora post pilulam sumendus.

R Liquoris Potassæ, m. xxx.

Potassii Iodidi, gr. ii.

Acidi Hydrocyanici diluti, m. ii.

Infusi Gentianæ, f  $\zeta$ xii.

Haustus ter quotidie sumendus.

Let the arms be sponged with hot water.

Nov. 15th.—The blood which was taken on the 13th was slightly buffed, but not cupped. The tingling is increased on approaching the fire and by the warmth of the bed. The bowels are open; the pulse is soft, small, and compressible. The sleep of the patient was much disturbed on the first night of her admission into the hospital: this she attributed to the strange bed. Pergat in usu medicamentorum. Milk diet.

Nov. 18th.—The eruption on the back is greatly improved; but the tingling still continues. The arms are in the same state as at the last visit. The tongue is white: the bowels are regular. Pergat in usu misturæ, addendo liq. potassæ, m. x, singulis dosibus.

Nov. 20th.—She continues improving; but complains of cough and headache. V. S. ad  $\zeta$ vi. Pergat in usu med.

Nov. 22nd.—The blood drawn on the 20th was quite free from the buffy coat, and the cupped appearance. The eruption is better, and is disappearing on the forehead. The



tongue is white ; and the patient complains of a bad taste in her mouth. Her bowels are open. Let her take an emetic this evening ; and let the head be shaved.

Nov. 23rd.—The emetic acted freely. She feels much better.

Nov. 25th.—The eruption on the back is greatly improved ; that on the arms is much the same as before. The head, which has been shaved, presents all the appearance of a *furfuraceous* disease, being covered with a thick scurf. Her tongue is clean.

Pergat in usu medicamentorum addendo, liquoris potassæ m. v., et potassii iodidi, gr. i, singulis misturæ dosibus.

Nov. 29th.—The eruption on every part of the body is greatly improved. The back is much less scaly, and the head is nearly clear. The tongue is slightly furred and red at the point ; the bowels are open ; the pulse is soft and regular. Pergat.

Nov. 30th.—She complains of considerable tingling on her back. Let the following lotion be applied :

℞ Liquoris Potassæ, f ʒii.

Misturæ Amygdalæ Amaræ, ʒvi.

Dec. 3rd.—She is rapidly improving in every respect. The tongue is, however, rather white ; the bowels are regular ; the pulse is soft, round, and full.

Pergat in usu misturæ addendo liquoris potassæ, m. v, singulis dosibus.

Let her take an emetic at bed-time.

Dec. 6th.—There is rather more inflammation on the back than at the previous visit. The head is greatly improved ; as is also the eruption on the arms, which indeed are nearly clear. The bowels are confined. The pulse is small, sharp, and incompressible. V. S. ad ʒviii.

℞ Calomelanos, gr. v. Pilula h. s. sumenda.

℞ Haustus niger, cras mane sumendus.

Pergat in usu misturæ.

Dec. 9th.—The blood taken at the last visit was slightly cupped. The inflammation on the back is much lessened. The arms are nearly well ; the head is less scaly ; the tongue is clean ; and the bowels are regular.

Dec. 11th.—The face and the head are quite free from

any eruption. The head is covered with a white scurf, giving it much the appearance of dandriff. Let it be brushed with a soft brush, and washed with soap and water, night and morning. The back and the arms are much improved; the tongue is clean; and the bowels are regular.

December 13th.—She continues to improve in every respect. Pergat. Let her have full diet.

December 17th.—Since the last report, she has retrograded, a circumstance depending undoubtedly on the change of diet. The eruption on every part of the body is more visible than it was four days ago. There is also a small favous pustule on the head: she has had a severe cold; and her medicine has been discontinued, for the last two days, on account of the presence of the catamenia, which no doubt also contributes to the unfavourable state of the eruption. The tongue is slightly congested; the bowels are confined; the pulse is quick. Omitatur mistura.

R Pulv. Ipecac. ʒss. Emeticus vespere sumendus.

R Potassii Iodidi, gr. iii.

Liquoris Potassæ, m. xxxvi.

Infusi Calumbæ, f ʒiss.

Ft. haustus ter quotidie sumendus.

The head to be slightly scarified around the pustule.

December 26th.—She gradually continues to improve in every respect: the back is now perfectly free from scales; and between the shoulders the skin has assumed its natural aspect. The arms and the legs are free from any trace of the eruption; and the head from scales and scurf. Let her hair be allowed to grow, brushing it with a soft brush. Pergat in usu medicamentorum.

Dec. 31st.—She has gradually improved, and is now so well that she might be discharged from the hospital; but she is kept to ascertain how far the cure is permanent.

Jan. 6th.—Discharged cured.

CASE II. (Psoriasis *diffusa*, displaying the varieties *P. palmaria* and *P. lotorum*.)

J—— C——, aged 27, was admitted into University College Hospital, June 18th, 1839. She is of the sanguineous temperament, with a fair complexion; a washerwoman, and



married. She says that she is of temperate habits; but since her marriage she has not been in good circumstances. She resides in an open, dry situation: she has no hereditary predisposition to disease; nor has she had any previous disease.

She has lately used carbonate of soda in washing, and she does not dry her hands and arms afterwards; to which custom she ascribes the eruption—namely, Psoriasis *diffusa*—under which she is labouring. The eruption first appeared on the back of the hands, eight months ago, and then extended up the arms; it was accompanied with itching. No eruption has appeared on any other part, except the face and neck. There has been much itching of the face. Her husband and her child are quite free from the disease; and she is not aware of having caught it from any one. Her general health, she says, is pretty good; but the catamenia has not appeared since her confinement, eight months ago. She has used sulphur-ointment a few times without benefit.

℞ Calomelanos, gr. v.

Micæ Panis, q. s. Ft. pilula statim sumenda.

℞ Magnesiae Sulphatis, ʒi.

Infusi Sennæ, f ʒiii.

Misturæ Camphoræ, f ʒiii. Fiat mistura, cochlearia iii majora, horâ post pilulam, et sextâ quâque horâ, sumenda.

June 24th.—No fresh patches have appeared. She is much better in every other respect.

June 28th.—The eruption is increasing on the neck. The bowels are much purged; the tongue is red at the apex. Omittatur mistura.

℞ Liquoris Potassæ, m. xxiv.

Infusi Calumbæ, f ʒii. Haustus ter quotidie sumendus. Common diet.

July 3rd. She is improving; the bowels are confined.

℞ Calomelanos, gr. v.

Micæ Panis, q. s. Ft. pilula h. s. sumenda.

Haustus purgans niger cras mane sumendus.

July 10th.—The eruption is still very itchy, and it has rather increased. Omittantur medicamenta.

℞ Acidi Hydrocyanici Diluti, m. iii.

Liquoris Potassæ, f ʒss.

Infusi Calumbæ, f ʒii. Misce ut fiat haustus, ter quotidie sumendus.

℞ Magnesiae, ʒi. Sulphuris Præcipitati, gr. x.  
Pulvis h. s. quotidie capiendus.

July 15th.—Much improved: the tongue is better; but it still exhibits red points at the apex. Omittatur mistura.

℞ Liquoris Potassæ, m. xxxvi.  
Acidi Hydrocyanici Diluti, m. v.  
Infusi Quassiae, f ʒiss. Misce ut fiat haustus ter  
quotidie sumendus.

Pergat in usu pulveris. Let her have a chop daily.

July 22nd.—She is much improved. Pergat in usu mis-  
turæ, addendo Liquoris Potassæ, m. x, singulis dosibus.

℞ Calomelanos, ʒss.  
Unguenti Picis, ʒi.  
Unguenti Cetacei, ʒiv. Tere ut fiat unguentum  
quotidie utendum.

July 26th.—She is altogether much better; but the bowels  
are torpid. The ointment fretted the eruption. Pergat in usu  
pulveris. Omittantur mistura et unguentum.

℞ Potassæ Liquoris, f ʒii.  
Decocti Aloës, f ʒiii.  
Infusi Cascarillæ, f ʒiii. M. 4ta pars bis quotidie  
sumenda.

August 2nd.—Improving but slowly; the pulse is a little  
sharp. The catamenia have not appeared for ten months;  
and this is about the time they should appear. Omittantur  
medicamenta. Pergat in usu Lotionis. V. S. ad ʒviii.

℞ Calomelanos, gr. i.  
Pulveris digitalis, gr. i.  
Extracti Conii, gr. iii. Fiat pilula horâ somni  
quotidie, ad tertiam vicem, sumenda.

℞ Potassæ Liquoris, m. xxxvi.  
Decocti Aloës Compositæ, f ʒxii. Fiat haustus  
primo mane quotidie sumendus.

August 5th.—Improving rapidly. The blood last taken  
was cupped and slightly buffed. Let her use the ointment  
(pitch with calomel) again; and wear an oil-silk glove on the  
right hand, on the palm of which the disease has appeared.  
Let her have full diet, namely, a chop and oiss of milk.

August 16th.—The eruption is much improved, no fresh  
spots have appeared. The tongue is still coated, and red, with  
enlarged papillæ at the sides and apex.



℞ Hydrocyanici Acidi Diluti, f ʒi.

Liquoris Potassæ, f ʒx.

Tincturæ Calumbæ, f ʒiii. Cochlearia ii minima,  
ex cyatho aquæ bis quotidie sumenda.

Aug. 26th.—The hands are nearly well; the skin is much softer.

September 6th.—She is nearly convalescent: the catamenia is present. Omittantur medicamenta.

September 20th.—Some days ago, she relapsed, and was bled to ʒxii: the serum of the blood was milky. The cuticle of the hands is exfoliating; but the hands are moist.

Repetatur mistura cum Liquoris Potassæ, f ʒii. Full diet and oi of milk.

September 23rd.—The right hand only is now affected.

℞ Unguenti Picis, ʒiv.

Calomelanos, ʒi. Fiat unguentum nocte maneque utendum. To wear the oil-silk glove.

September 25th.—The ointment irritated the hand, causing heat and redness, and a fresh eruption has appeared on the back of the hand. Let her leave off the ointment.

September 30th.—The eruption is gone; but the skin is rough on the backs of both hands; the tongue is still a little red, and the papillæ are enlarged. The pulse is natural; the skin is moist and cool; the bowels are confined.

℞ Pilulæ Hydrargyri, gr. x.

Pulveris Ipecacuanhæ, ʒi.

Extracti Aloës, ʒiv. Fiant pilulæ xx æquales, e quibus sumatur una, horâ somni quotidie.

October 2nd.—There is no trace of eruption present, except the roughness on the hand, and that is extremely slight. Pergat in usu medicamentorum. Common diet; milk a pint and a half daily.

October 16th.—She was discharged cured.

### CASE III. (Psoriasis *inveterata*.)

S—— B——, aged 27, a middle-sized woman, of spare habit of body, was admitted into University College Hospital, March 27th, 1838. She had never enjoyed good health, having been subject to headaches, cough, shortness of breath, and pain in the region of the heart. For the last seven

years, she has been afflicted with Psoriasis *inveterata*, which has extended over almost every part of the body.

On examining the eruption, it presented the appearances displayed in Plate 3 (fig. 1, 2, 3); whilst extensive patches, also, existed on the loins, nates, and thighs. The skin, under and in the vicinity of the patches, was harsh, stiff, and thickened. The stinging and burning sensation was so intolerable, especially at night, as to prevent sleep. The appetite was indifferent, and the tongue red, smooth, and adhesive; the bowels were torpid; and the catamenia irregular in period, and scanty; but they had never been altogether absent. Although the pulse was small, yet, it was sharp and incompressible.

She was bled to the amount of six ounces. The blood displayed a buffy coat. On the following day, the face and arms were redder than before; but the tongue was less adhesive, although it was still too red at the apex. The pulse was 88, slightly jerking, and incompressible. The bowels were opened in the morning. The night had proved restless. The appetite was better. She was ordered the following medicine:

℞      Acidi Hydrocyanici diluti, m. iv.  
           Liquoris Potassæ, m. xxxvi.  
           Aquæ, f ʒiss.

M. ut fiat haustus, ter quotidie sumendus.

℞      Pilulæ Hydrargyri, gr. i.  
           Pulveris Ipecacuanhæ, gr. i.  
           Extracti Conii, gr. iii.

M. ut fiat pilula, horâ somni quotidie sumenda.

She continued this medicine until the 3rd of April. The face was much improved, and there was less irritation generally; but there was no change in the appearance of the eruption on the arms and the hands. The bowels were open: the secretion of urine was in sufficient quantity, but it was highly coloured. The tongue was loaded.

℞      Pergat in usu haustus et pilulæ. Pulveris Ipecacuanhæ, ʒss, pro emetico cras mane.

On the 5th of April, she was again bled to eight ounces. The blood had lost its buffy coat; but the serum was turbid. She was directed to omit the former medicines, and to take the following:



℞ Hydrargyri Bichloridi, gr. i.  
Decoctionis Sarzæ simplicis, f ʒviii.

Cochlearia quatuor majora ter quotidie sumenda.

℞ Magnesiae Sulphatis, ʒiv.  
Infusi Cascarillæ,  
Infusi Sennæ, a a f ʒi.  
Acidi Nitrici diluti, m. v.

M. fiat haustus mane quotidie sumendus.

April 7th.—The cutaneous eruption is much improved: but a small ulcer appeared on each tonsil two days ago. The pulse is sharp and 108. Let her omit the medicine. Ten ounces of blood were taken from the arm; after which, a pill, containing six grains of calomel and one of opium, was administered, and was followed, in three hours, by a purgative draught. She was ordered to take immediately ʒss of ipecacuanha in powder; and, after the vomiting, to apply eight leeches on the throat.

April 8th.—The right tonsil is very much swelled; the pulse is improved, but it is still hard. She was feverish towards the beginning of the night, and perspired towards morning.

℞ Calomelanos, gr. vi. Micæ Panis, q. s.

Fiat pilula quamprimum sumenda.

To be followed by a purgative, an hour afterwards.

April 24th.—She complains of soreness of the tongue; the papillæ are enlarged; the throat is much better; the pulse is soft and natural. The eruption is worse than it was before the attack of sore throat. Let her omit the medicines.

℞ Pilulæ Plummeri, gr. ii.  
Hyoscyami Extracti, gr. iii.

Fiat pilula, horâ somni quotidie sumenda.

℞ Liquoris Potassæ, f ʒii.  
Iodidi Potassii, ʒss.  
Decocti Dulcamaræ, f ʒvi.

Mist. fiat mistura—sumatur quarta pars ter quotidie.

℞ Hydrargyri Bichloridi, gr. i.  
Spiritûs Vini, f ʒi.  
Aquæ distillatæ, ʒ v.

Fiat lotio, nocte maneque quotidie applicanda.

April 30th.—The tongue is still tender: the eruption on the face and hands is improved: the bowels are rather too

open. Intermingled with the eruption upon the hands, some phlyzacious pustules have appeared. The face looks better; the tongue is not so sore. She was again bled yesterday to eight ounces: the blood was slightly buffed. *Continuetur mistura.*

℞ Hydrargyri Biniodidi, gr. i.

Antimonii Tartarisati, gr. i.

Fiant pilulæ iv, e quibus sumatur una, horâ somni quotidie.

May 1st.—The face is greatly improved; the tongue is getting quite natural; the enlarged papillæ have almost disappeared. The bowels are regular. She is still annoyed by stinging and itching; but she sleeps better.

May 6th.—The pustules on the hands continue to come out in the morning, and burst in the course of the day. The eruption on the hands, and the eruption generally, has itched more for the last two days; and it seems retrograding. The tongue is better; she sleeps well; the pulse is sharp and 84. Let her have milk diet. *Omittantur medicamenta.*

℞ Sulphuris Præcipitati, ʒi.

Potassæ Nitratis, gr. xii.

Sit pulvis, mane nocteque sumendus.

℞ Acidi Hydrocyanici diluti, m. iii.

Magnesiae Sulphatis, ʒiss.

Misturæ Amygdalæ, f ʒii.

Haustus bis quotidie sumendus.

Mittantur sanguinis brachio, ʒiii.

May 12th.—The eruption is disappearing from the face; that on the hands is less, but on the legs it is spreading. There is still heat and tingling at night. The pulse is regular, but sharp.

Mittantur sanguinis brachio, ʒiii.

Pergat in usu medicamentorum.

May 18th.—She is greatly improved as to the appearance of the eruption, both on the face and on the hands. She took an emetic yesterday: the vomited contents of the stomach were extremely sour. The tongue is better; but the papillæ are still enlarged.

℞ Liquoris Potassæ, ʒii.

Acidi Hydrocyanici diluti, m. xii.

Infusi Calumbæ, f ʒvi.

Sumatur quarta pars bis quotidie.



June 1st.—The face is better ; the eruption is altogether paler and less inflamed ; but it is more irritable, and a few fresh pustules have appeared. The tongue is more natural.

℞ Liqueoris Potassæ, ʒii.

Misturæ Amygdalæ Amaræ, f ʒvii.

Fiat lotio, mane nocteque quotidie utenda.

Pergat in usu misturæ. Let her have a mutton chop daily at dinner.

She now requested permission to go into the country, which was granted. On returning, fourteen days afterwards, the eruption did not appear so well as when she left the hospital. Mittantur sanguinis brachio, ʒviii.

℞ Calomelanos, gr. v.

Micæ Panis, q. s. ut fiat pilula hora somni sumenda.

Haustus purgans cras mane sumendus. Pergat in usu misturæ cum potassæ liquore.

June 20th.—The eruption is greatly better ; but it has not wholly disappeared.

℞ Sulphuris, ʒi.

Potassæ Nitratis, gr. vi. Pulvis h. s. quotidie sumendus.

Pergat in usu misturæ addendo Liqueoris Potassæ m. vi singulis dosibus.

℞ Ricini Olei, ʒiii.

Unguenti Hydrargyri Nitratis, ʒi.

Adipis, ʒi. Fiat unguentum, pauxillum partibus affect. horâ somni quotidie applicandum.

After this time, S — B — became an out-patient, and underwent a course of the Iodide of arsenic, with minute doses of the bichloride of mercury, in the simple decoction of sarsaparilla. Small bleedings were also occasionally resorted to, but without much benefit. I then prescribed for her an emetic, to be taken once a week ; and, in the interval, the diluted sulphuric acid in the decoction of yellow cinchona bark ; the doses to be augmented to as great an extent as the stomach could support. The acid was commenced in doses of ten minims three times a day, and carried to thirty-five minims for a dose. The food was ordered to be light, but nutritive ; and all slops, sugar, and pork, and fish, were interdicted. No topical applications were recommended. Under this plan

she rapidly improved; and, although she is not yet (Jan. 1, 1840) perfectly cured, yet the eruption has almost disappeared; her spirits are good; and her strength is invigorated to a degree which leads me to anticipate a perfect cure.

#### CASE IV. (*P. palmaria*.)

The Rev. Mr. ——— consulted me respecting a disease in the palm of the right hand, which had greatly annoyed him for more than eight months; and had attained to such a degree of severity that he could not close the hand without suffering a considerable degree of pain; and the pain was still greater when he attempted to extend it. He stated that his health had been good throughout, with the exception of an occasional slight attack of dyspepsia, which was soon relieved by his usual medical attendant. It was, however, accompanied by a feeling of despondency for which there was no mental cause.

On examining the palm of the hand, it presented all the most striking characteristics of Psoriasis *palmaria*. The whole hand was swelled, the cuticle peeled off, and the skin red, glazed, thickened, and crossed with deep fissures with inverted edges. The palm itself was free from scales; but the cuticle around the margin was ragged in its edges, and covered with thick, firm scales, and exfoliating plates; whilst the parts denuded of cuticle were tender to the touch. The patient informed me that the first commencement of the disease was patches of papillæ, which were soon covered with harsh scales; and, as these exfoliated, they left the part beneath them red, tender, glazed, and cracked, similar to that which the hand now presented. He could not recollect having suffered any constitutional disturbance prior to the appearance of the eruption. The heat and itching were intolerable at times. His bowels were torpid; his appetite irregular; his tongue red at the edges, and covered with firm, red, elongated papillæ. He had undergone a course of mercury and sarsaparilla; had taken a few sulphur baths, and used various ointments and other topical applications without any permanent benefit.

He was directed to apply twelve leeches on the wrist, and afterwards to keep up the bleeding by holding the hand in warm water for an hour, and to repeat this operation every sixth day.



℞ Hydrargyri Biniodidi, gr. v.  
 Ipecacuanhæ Pulveris, ℥i.  
 Aloës Extracti, ʒi.

Fiat pilulæ xx. Sumatur una h. s. quotidie.

℞ Arsenici Iodidi, gr. iii.  
 Conii Extracti, gr. xxxvi.

Fiat pilulæ, xii. Sumatur i, 8va. q. q. horâ.

℞ Potasii Iodidi, gr. iii.  
 Decocti Sarzæ, f ʒii.

Fiat haustus cum singulis pilularum dosibus sumendus.

The patient was advised to live on a milk diet; to forbear using the hand, which he was directed to steam twice a day for an hour at a time, and afterwards to cover it with an oil-silk glove.

He continued this plan for six weeks, at the end of which time the palm of the hand had recovered its natural aspect and pliability; and his general health was completely re-established.

### PSORIASIS *syphilitica*.

Referring to the remarks which have been advanced under the head Syphilitic Lepra (p. 43), little requires to be said respecting this modification of Psoriasis by the syphilitic virus. It is always the sequel of the true callous, venereal ulcer, or chancre; but it may also be congenital.

S. The eruption is preceded by constitutional disturbances; namely, fever, assuming a hectic character, sore throat, and that form of roseola which usually ushers in secondary syphilitic eruptions. It appears at first in the form of small dusky-red or copper-coloured, soft points, somewhat resembling those of *P. diffusa*, which gradually flatten, and form irregular, scarcely elevated patches, seldom half an inch in diameter, which, almost always, remain distinct, except on parts covered with hair. They soon form a few small greyish scales, on a copper-coloured base; and these repeatedly exfoliate. Spots appear on the forehead, the chest, the shoulders, the back, and the surface of the pubis (Pl. 5, fig. 1, 2, 3): and, very frequently, the palms of the hands and the soles of the feet are also affected. On the latter parts, the cuticle separates in

large flakes, and is rapidly succeeded by another, which peels off in its turn ; but no true scales form on these parts. This eruption is always attended with a muddy appearance of the conjunctiva.

D. When the eruption subsides, under the influence of mercury, the scales fall, and are not reproduced, the copper colour disappears ; but the spots, in assuming the natural hue and texture of the skin, do not leave behind them any pit or depression, as in Syphilitic Lepra.

There is no difficulty of distinguishing this modification of Psoriasis from the usual form of the disease. In the syphilitic eruption, the patch is small, soft, smooth, level with the surface, and copper-coloured ; in common Psoriasis, it is firm, rough, red, elevated, and scaly, to a much greater extent than in the syphilitic eruption.

T. Syphilitic Psoriasis requires, in every respect, the same management as Syphilitic Lepra. Mr. Carmichael has published two cases of this eruption successfully treated without mercury ; and with Sarsaparilla alone, in the form of decoction and powder. They tend to confirm the opinions and practice of Rose, Hennen, Dr. J. Thomson, and Mr. Guthrie, respecting the successful management of syphilis without mercury ; but, admitting the success of that treatment, the process is tardy ; and in many instances the disease has resisted the strictest antiphlogistic means and diet. But without criticising the non-mercurial plan, I have no hesitation in affirming that a combination of mercurials and the Iodides, administered in alterative doses, cure the disease as effectually, and much sooner, than the non-mercurial plan : consequently, in my opinion, they should be preferred ; the great object, in all such cases, being to cure the disease as quickly as possible. In addition to the judicious administration of the Iodides of mercury and the Iodide of potassium, the warm bath employed in the morning aids greatly the other remedial measures. I have had no experience of the influence of the sulphur-fume bath in such cases ; nor can I satisfactorily explain upon what principle it can prove beneficial. As in every other form of secondary syphilis, sarsaparilla is useful ; and after the use of the mercurials is discontinued ; indeed no medicine tends so effectually to restore the natural energy of the habit, and re-establish the health of the system.



I have selected the following case, from several cases treated on the same plan, on account of its brevity, and the rapidity with which the disease yielded to the remedies.

CASE I. (*Psoriasis Syphilitica.*)

Marianne Simpson, aged 22, was admitted into the University College Hospital, April 23, 1838. She was a single woman, of a melancholic temperament, and of temperate habits, in reference to spirituous liquors. She had a primary venereal affection two years ago, which was cured with Sarsaparilla alone; and she has had no appearance of any venereal symptom remaining, from that period until six weeks since, when she became affected with pains in the shins, which terminated in nodes, attended with œdema of the ankles, and an eruption on the back and shoulders. This eruption has every character of syphilitic Psoriasis. She complains much of headache, thirst, and fever; the tongue is furred and dry; the bowels are natural.

℞ Hydrargyri Biniodidi, gr. i.

Antimonii Tartarisati, gr. i.

Conii Extracti, gr. xviii.

Ft. pilulæ sex, capiat i 6ta quaque horâ.

℞ Potassii Iodidi, gr. ii.

Decocti Sarzæ, f ʒiii.

M. ter quotidie sumendus.

Let her shins be blistered, and let the blistered surfaces be dressed with a grain of hydrochlorate of morphia in fine powder, night and morning. Let her be put upon a milk diet.

She pursued this plan with evident improvement. On the 26th of April, the dose of the Iodide of Potassium was increased *one grain*. It was again increased on the 1st of May; and, on the 3rd, the Biniodide of Mercury was augmented to one fourth of a grain for a dose. At this time, the state of the mouth demonstrated the general influence of the mercurial on the habit. The pains of the shins, the nodes, and the eruption, had disappeared; but the mouth was not severely affected until the 13th, when the mercurial was gradually diminished, and ultimately discontinued. On the 29th of the month, she was discharged cured.

The dressings with the Hydrochlorate of Morphia had a most decided influence in abating the pains in the shins.

In commenting upon this case, I must again express my conviction of the powerful influence of a completely non-stimulating diet in aiding the efficacy of the mercurials. The Biniodide was the mercurial chosen in the present instance, from my previous knowledge of its rapid influence in secondary affections, especially when it is aided by the Iodide of potassium. This Iodide itself exerts the most powerful influence in such cases as the foregoing; but the permanency of the cure is better secured by its combination with the Biniodide of mercury.

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## GROUP III. NON-FEBRILE VESICULAR ERUPTIONS\*.

The eruptions comprehended under this group are characterised by *vesicles*, or round elevations of the cuticle, filled with a serous fluid more or less transparent. The fluid, however, as well as its cuticular covering, soon acquires opacity, probably owing to the absorption of the aqueous portion of the serum; thence the vesicles lose their pellucidness, and acquire either a dingy white or a pale-yellow hue: occasionally, as in *Scabies*, they are mixed with pustules. They sometimes, but rarely, terminate in resolution; more frequently, the fluid is absorbed, or it escapes and concretes into crusts or scabs, which are in some instances, however, formed of the altered cuticle. The inflammation which causes the vesicles is most frequently of a chronic character.

No class of society is exempt from these eruptions; but some of them, namely *Eczema*, *Rupia*, and *Scabies*, more frequently occur in the lower than in the middle or the higher ranks. They are not more common in one sex than in the other; neither are they peculiar to any age or temperament. They appear, also, in every season of the year.

S. The non-febrile vesicular eruptions are generally preceded by reddened or inflamed, detached spots, sometimes extremely minute, in the centre of which the vesicle forms; at other times, an inflammatory redness is seen spreading over a portion of the skin, to a greater or less extent, upon which the vesicles rise in clusters: but occasionally they appear without any apparent previous inflammation, or other local symptom except itching. As they enlarge, they are surrounded, individually, by a distinct red areola, or they are clustered upon the inflamed surface. They vary considerably in size. In form, they are either acuminate, or globular, or flattened. In some instances, they are few in number and detached from one another; in others, they are numerous, and closely aggregated in clusters of an irregular form; or

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VER. SYN. Φλυκταίναι, (G.): Vesiculæ (Lat.): Vesicules (Fr.): die Wasserblattern (Germ.): Vesicles (Eng.).

NOS. SYN. Vesiculæ (Willan, Bateman): Ecephlysis (Good): Cytisma, (Young): Vesicules (Bielt): Inflammations Vesiculeuses (Rayer).

in bands ; or in regular circles. They are frequently preceded neither by pain, nor any sensation in the part : sometimes, by acute and severe deep-seated pain, or by pungent heat ; and, after their appearance, they are generally accompanied by tingling or itching.

The eruptions in this group of chronic inflammatory affections of the skin are rarely spread over the whole surface of the body ; although I have witnessed cases of *Eczema* which involved the greater part of the skin ; but they generally appear on circumscribed portions of it. They are not confined to any particular regions, with the exception of *Scabies*, some of the species of *Eczema*, and some of the varieties of *Herpes*.

The immediate seat of the inflammation which forms the vesicles is the uppermost sub-epidermic or reticular layer of the cutis, in which partial congestions take place, and pass into inflammation of a degree adequate to cause the effusion of the serum, which elevates the cuticle : thence the vesicles are produced in the same manner as when vesication is the result of topical irritants. The formation of the vesicles also, generally, proves critical : on their appearance, the inflammation gradually subsides.

C. Some of the non-febrile vesicular eruptions are the effects of local irritations ; but in general they do not depend upon local causes ; neither are they the consequences of general fever, such as precedes the contagious exanthematous eruptions, although they are almost always the result of some constitutional disturbance, most commonly gastro-intestinal irritation, and are accompanied with some degree of symptomatic fever. The sympathy, indeed, which exists between the skin and the mucous membrane of the alimentary canal, as a cause of this description of cutaneous eruptions, is well demonstrated by the appearance of *Herpes* and *Eczema* during the presence of dyspepsia in one or other of its various forms ; and not unfrequently with decided relief to the internal disease. That this should occur is not wonderful, if we reflect that many diseases of the mucous membrane are developed by noxious influences operating on the skin ; and that “ the skin may become the seat of extensive exanthematous inflammation, acute as well as chronic, from its having, by virtue of its office of a se-



creting organ, a certain affinity for morbid matters circulating in the fluids of the body\*.” It is not, however, essential that there should be even a morbid condition of the mucous surface for the appearance of some of these eruptions; it is well known that the action of the skin is much modified in accordance with the condition of the nervous and the vascular systems. Neither is it necessary that the exciting cause should be material, the influence of mental emotions being adequate for their production. It is, indeed, well known that the power of mental emotions over the cutaneous system is so considerable, that eruptions on the skin are, sometimes, the immediate result of the depressing passions, influencing the dermoid through the nervous system. I am acquainted with a lady of a highly hysterical diathesis, who has several times suffered from a small vesicular eruption on the upper part of the chest, immediately after a fit of distressing anxiety, caused by domestic calamities. These vesicular eruptions are not hereditary; nor, with the exception of Scabies, are they contagious.

D. The distinction between the non-febrile vesicular, and the non-febrile pustular eruptions is not always so very obvious as to lead to a ready and correct diagnosis; for, when the effused fluid becomes opaque and assumes a sero-purulent aspect, the vesicle may easily be mistaken for a pustule. The defect, however, of a hard, circumscribed, inflamed base; the fluid being either serous, or sero-purulent, but never true pus; and the crusts being thin and lamellated, not cellular; are characteristics of the vesicle sufficient for every diagnostic purpose.

P. The vesicular eruptions of this group are not dangerous; but they are sometimes severe, protracted, and resist the most energetic treatment. They seldom terminate by resolution; the fluid is either absorbed, or it exudes and concretes into yellowish-brown lamellated scabs; or it occasionally, although rarely, forms ulcerations.

T. The following are the indications to be fulfilled in the general treatment of the non-febrile vesicular eruptions:—1. The removal of every cause of local irritation, and the correc-

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\* Muller's Elements of Physiology, trans. by Baly, vol. i. p. 782.

tion of any morbid condition of the mucous membrane, or other internal organ, to which the eruptive disease can be attributed : 2. The improvement of the general secerning function : 3. The augmentation of the tone of the habit to that degree which is requisite to subdue the morbidly excitable condition of the skin, so as to change diseased into healthy action in that part of the system. The mode of fulfilling these indications shall be noticed in treating of the genera, which constitute the group.

There are four genera of non-febrile vesicular eruptions ; namely—1, HERPES ; 2, RUPIA ; 3, ECZEMA ; 4, SCABIES.

Willan and Bateman have placed Varicella, Vaccinia, Miliaria, and Aphtha, in the order Vesiculæ ; and Scabies among the pustular eruptions : but, as I regard both Varicella, and Vaccinia which may be considered a congener of Variola, as real exanthemata, and Miliaria as always the result of general fever, they cannot be ranked as non-febrile vesicular eruptions ; and it is not easy to conceive upon what ground Aphtha can be considered a cutaneous disease, without comprehending under that term every affection of the mouth, the fauces, and the alimentary canal. Rayer and Bielt, who follow closely the footsteps of Willan and Bateman in their classification, have, nevertheless, modified their arrangement in the formation of this group. The former has separated Varicella, Vaccinia, and Aphtha from, and added Scabies to, the list of Vesiculæ : the latter has also rejected Aphtha, and placed Scabies in it.

The syphilitic eruptions, which coincide with the external aspect of the genera in this group, are necessarily embraced in it.

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## NON-FEBRILE VESICULAR ERUPTIONS.

## GENUS I. HERPES\*.

Herpes is an eruption of small, distinct, round vesicles, aggregated in irregular, circumscribed clusters upon inflamed patches of the skin, and accompanied with itching or tingling.

S. The eruption is usually preceded by some degree of constitutional disturbance ; but this is rarely severe : and indeed, in many cases, it is either altogether absent, or so trifling as to be scarcely obvious to the patient. When present, it consists of languor, accompanied with anorexia, and a sensation of heat and tingling, sometimes of deep-seated lancinating pains in the affected parts, which occasionally, not always, dis-

\* This term is derived from the Greek word ἔρπω—serpo, I creep ; and it was employed by the Greeks to express any spreading eruption on the skin. Actuarius, in the following passage, quoted by Bateman (*Synopsis*), explains the origin of the term. “ Herpes dicitur eo quod videatur ερπεῖν (quod est serpere per sumnam cutem), modo hanc ejus partem, modo proximam occupans, quod semper, priore sanatâ, propinqua ejus vitium excipiat ; non secus quam ignis qui proxima quæque, depascitur, ubi ea quæ prius accensa erant, deficiente jam materia idoneâ, prius quoque extinguuntur.” (*Method. Med.* lib. ii. c. 12.) The ancients appear to have been well acquainted with its diagnostic characters, although they have not described its symptoms with perspicuity. Galen (*Lib. de Tumoribus præter naturam*) mentions three kinds of Herpes ; two of which only, namely, κεγχρῖας, miliary, and φλύκταινωδης, vesicular Herpes, accord with the disease of modern writers. He describes it well, as an eruption of minute and crowded vesicles (φλύκταιναι μικρας), of the size of millet seeds, on the surface of the skin. Celsus, also, describes it under the title *Ignis sacer*. He speaks of the vesicles as pustules “ quarum nulla altera major est, sed plurimæ perexiguæ.”—“ Serpitque id nonnunquam sanesciente eo quod primum vitiatum est : nonnunquam etiam exulcerato, ubi, ruptis pustulis, ulcus continuatur, humorque exit, qui esse inter saniem et pus videri potest. Fit maxime in pectore, aut lateribus, aut eminentibus partibus, præcipue in plantis.” (*De Medicina*, lib. v. c. 28, § 4.) Indeed, most of the old authors speak of Herpes as a vesicular disease. Fernelius describes it as a papular eruption. (*Lib. vii. De Extern. Affect.* c. iv.)

VERN. SYN. Ερπης ζωστηρ (*Greek*) ; Herpes (*Lat.*) ; Dartre, Herpe (*Fr.*) ; Zittermahl, Flechte, (*Germ.*) ; Springend vuur (*Dutch*) ; Erpete (*Ital.*) ; Herpes (*Span.*) ; Neshr (*Arab.*) ; Tetters (*Eng.*).

NOS. SYN. Ερπης (*Galen, Dioscor, Celsus, Aetius, Paulus Ægineta*), Ερπηδων (*Nicander*) ; Herpes (*Pliny, Lucil, Cullen, Sauvage, Linnæus, Willan, Bateman*) ; Formica (*Avicenna*) ; Cytisma Herpes (*Young*) ; Ecphlysis Herpes (*Good*).



appear on the breaking out of the eruption. Fever is rarely present.

The vesicles of Herpes are at first minute and distinct; but, as they enlarge, they coalesce and form clusters of various forms and dimensions. They are at first watery, pellucid and colourless; but the fluid which they contain becomes gradually opaque and of a milky, or yellowish colour, but not purulent. The cuticle then shrinks, acquires colour, and forms a scab, which falls and leaves the surface sound. In some instances, however, the vesicles burst, and tedious ulceration ensues. The eruption, in some of the forms of the disease (*H. phlyctænodes* and *H. circinatus*), may affect the body generally, spreading from the neck to the trunk, and to both the upper and the lower extremities; and different parts of the body are affected at the same time: other forms of it (*H. labialis* and *H. præputialis*) are confined to a particular locality; whilst others are distinguished by the figure which the clusters of vesicles assume; namely, *H. zona*, *H. circinatus*, and *H. iris*. The eruption, in most of its forms, runs a certain progress of increase, maturation, and decline, in a period generally from ten to fourteen days\*.

Herpes, in many of its forms, is a common disease. I have witnessed cases of it in every class of society; in all sexes, although women are more liable to it than men; and in individuals of every age, after the period of the first dentition. It is, however, most common about the age of puberty, and in the decline of life.

D. Although the diagnostic characters of Herpes are very obvious, yet it has been confounded with Lichen, Erysipelas, Eczema, Pompholyx, and even with Impetigo. From the first, it is readily recognised by the eruption being vesicular instead of papular: from the second by no tumefaction, tension, and extensive redness preceding the appearance of the vesicles; by the skin retaining the natural state between the clusters, which are merely surrounded by a red areola; by the regular form and clustering of the vesicles; and the absence of the

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\* Lorry extends the period to forty days—"vulgò intra quadraginta dies terminandum." De Morbis Cutaneis, Introductio, § vi.

fever which accompanies Erysipelas\*. From Eczema it is distinguished by the round, purely vesicular form of the eruption, in the commencement; the regular course which it maintains in its progress; the maturation and decline of the vesicles, and the limitation of their duration, in the greater number of instances, to a nearly certain period of time. The psudracious pustules of Impetigo, notwithstanding the admixture of vesicles with these, in some cases; the semi-pellucid plates which succeed the pustules; and that disease having no limited duration; clearly distinguish it from Herpes. From Pompholyx, Herpes is recognised by the vesicles appearing in groups or clusters on an inflamed patch.

C. Without regarding the opinions of the ancients, who referred Herpes to thickened pituita†, and the admixture of pituita with bile‡, there is no doubt that its exciting causes are such as can produce any partial congestion or inflammation of the skin; whether cold, violent exercise, errors in diet, dyspepsia, or any other affection of internal organs. It has also appeared as the result of violent paroxysms of passion. In some instances it has been produced by external irritation. The proximate cause of the eruption is congestion and consequent inflammation in the uppermost layer of the true skin, which is relieved by the effusion of the serum which forms the vesicles. A question arises, how far are the pain and tingling to be ascribed to pressure on the peripheral extremities of the nerves of sensation?

Herpes is not contagious; neither does it appear to be hereditary§. In some of its forms, it is occasionally critical of certain febrile affections; and probably, in every instance, it may be regarded as symptomatic of some constitutional disturbance.

\* Lorry adds—"nisi epidermicè sæviat." De Morbis Cutaneis, pars. i. sect. i.

† Hippocrates. Lib. de affect. sect. v. Avicenna, fen. 3, cap. vi.

‡ Galen, de tumor. præternat. Med. Method. lib. iv. Paulus Ægineta lib. iv. cap. xx.

§ Lorry and some other old writers, however, assert its contagious nature.—"Per contagium adhuc herpes communicatur, uti osculando, si herpes in facie fit, vel concubando." Tract. duo Patholog. Med. Monspel, t. ii. p. 273.



P. The prognosis in Herpes is always favourable: nevertheless, danger may result from the retrocession or repulsion of the eruption. A much extended erythematic redness, with interspersed vesicles, generally denotes an obstinate disease.

T. The general treatment in both the species, and in all the varieties of Herpes, is nearly the same. When the local varieties occur as critical eruptions in the decline of fevers, or acute internal disease, they ought not be interfered with: and, even when they accompany inflammatory affections under which the patient is still labouring, although bloodletting or any other means requisite to subdue the original disease are resorted to, yet the herpetic eruption should be left to run its own course. If the eruption can be traced to a deranged condition of the digestive organs, it must, in such a case, be regarded as a symptomatic or secondary affection, and the treatment consequently directed to the primary disease, by the removal of which, the Herpes, indirectly sharing the salutary influence of the means employed, will generally decline and disappear. Under these circumstances, the disease may demand antiphlogistic measures, which, independent of the internal affection, would not be requisite; for, when the primary disease is not of an inflammatory character, even the deep-seated, severe pain which precedes the appearance of Herpes *Zoster*, and remains after it, especially when it is seated on the thorax, is not relieved either by general or topical bloodletting. Indeed, the quick, sharp, incompressible pulse which accompanies this state, and which might lead to the presumption that pleurisy is present, is wholly the result of the pain, and is to be relieved by narcotics. I have found nothing answer this purpose better than the following combination:

℞ Magnesiae, ʒi.

Colchici seminum vini, m. xlviii.

Solutionis Morphiæ Bimeconatis, m. xxx.

Misturæ Camphoræ, f ʒxi. M.

Fiat haustus horâ somni sumendus.

Such a narcotic is particularly indicated when the pain is severe: by its means much comfort may be afforded, and sleep secured. In some instances, however, even more powerful narcotics fail to afford relief.

It is in that form of indigestion which depends on functional derangement of the duodenum that Herpes most commonly appears. The indications to be fulfilled are exactly those which present themselves to our attention when no affection of the skin exists ; and which must necessarily vary according as the primary affection is of an *asthenic* or a *sthenic* character. In the asthenic form of the dyspeptic affection, the varieties of Herpes which particularly display themselves are *H. circinatus*, *præputialis*, *vulvaris*, and *auricularis* ; whilst *H. zona* is that which usually attends the inflammatory duodenal affection.

1. When the herpetic eruption can be traced to the first of the above-mentioned affections, the indications to be fulfilled are:—*a.* to unload the duodenum ; *b.* to restore its proper function by promoting a more healthy secretion of bile ; and *c.* to correct the morbid condition of the intestine.

*a. b.* No medicines so effectually answer the first and second indications as Sulphate of Magnesia, combined with Infusion of Senna, in combination with some warm aromatic. When the sulphate is administered in a portion of fluid adequate only to its solution, the stimulus given to the duodenum is extended to the liver and the pancreas, both of which are in a torpid condition ; thence their secreting powers receive a new impulse ; and the flow of bile into the duodenum being also elicited, this is afterwards freely evacuated by the administration of Infusion of Senna.

*c.* With regard to the third indication, neither calomel nor alteratives are in general required ; it is sufficient to maintain a moderately free condition of the bowels by mild aperients, and to improve the tone of the general system, in which the alimentary canal must necessarily share. This I have seen best effected by small doses of saline purgatives : followed by the disulphate of Quinæ, in the decoction of Sarsaparilla, or the Infusion of Chiraytæ ; the tepid shower bath ; and friction over the duodenal surface with the hair or the coarse flannel glove.

2. When the duodenal affection is of an inflammatory description, Herpes *phlyctænodes* and *zona* are the varieties of this genus of eruptions which usually accompany it. The indications to be fulfilled, in this case, are—*a.* the removal of



the sub-inflammatory condition of the mucous membrane of the diseased intestine; *b.* the facilitating of the digestive function, by a proper regulation of diet, and the use of gentle aperients.

*a.* In our endeavours to fulfil the first of these indications, notwithstanding the inflammatory character of the internal disease, unless the patient is plethoric, and the pulse hard, tense, and incompressible, with a red, dry tongue, general bloodletting is not required; on the contrary, more advantage is obtained from small but repeated abstractions of blood, to the amount of ten or twelve ounces, by cupping on the right hypochondrium. If a hæmorrhoidal diathesis exists, and the swollen, indented condition of the tongue indicates general visceral congestion, instead of cupping on the region of the duodenum, eight or ten leeches may be applied to the verge of the anus. These may be followed by moderate doses of gentle aperients, such as castor oil, or of infusion of senna made with cold water: the castor oil, indeed, not only moves the bowels moderately, but, at the same time, it soothes the inflamed mucous surface. As an antiphlogistic, nitrate of potassa, in small doses, namely, from eight to twelve grains, is perhaps the best that can be prescribed in cases of Herpes connected with inflammatory duodenal disease. Diaphoretics are not indicated; and even when there is considerable heat of skin, more advantage is derived from the employment of cooling diluents than from any medicines calculated to excite perspiration. It is only when there is a decided derangement of the hepatic secretion that mercurials are called for, or rather, in such a state, they are not likely to prove injurious. When their administration is decided upon, the mildest preparations, for example, the blue pill or the Hydrargyrum cum Creta, are to be preferred; and the dose of either should be so small as not to irritate the mucous membrane, but, nevertheless, be adequate to act upon the diseased organ.

*b.* With respect to the second indication, it is best fulfilled by placing the patient on an exclusively farinaceous diet, with a moderate proportion of milk or light animal broths, abstaining from every stimulant, whether solid or fluid. If milk disagree, it is likely to be made to agree if warmed and mixed

with seltzer or soda water. As the inflammatory condition of the mucous membrane subsides, the herpetic eruptions disappear; and, generally, slight debility and languor ensue. These symptoms are best combated by a light infusion or decoction of Cinchona bark, combined with small doses of Nitrate of Potassæ. I have found the decoction or the infusion of the bark preferable to the solution of the salts of Quina or of Cinchonia, in these cases; for, as the increased susceptibility of impression, on the recently inflamed mucous membrane, remains for some time after the inflammatory action is subdued, the salts of these alkalies are too excitant to be borne with impunity.

As to the eruptions themselves, little should be attempted until the primary affections are subdued: for, if the eruptions are dependent upon the visceral diseases, it is evident, that, as the secondary affections partake of the nature of the primary diseases from which they spring, the former are likely to undergo the influence of the changes effected upon the latter, by the treatment to which they are subjected.

The modifications of treatment which the different varieties of the disease demand, and the topical applications which have been found most advantageous, shall be noticed under each variety. I may, however, remark here, that the ancients trusted almost entirely to external remedies: Celsus ordered the affected parts to be fomented, either with hot water or with warm wine, according to circumstances\*; others trusted chiefly to astringent applications,—a practice which descended to our countryman Turner, who employed solutions of white vitriol (Sulphate of Zinc) and alum, and ointments containing calomel†. To this confidence in the beneficial influence of astringents, we may ascribe the popular custom, which still prevails among the vulgar, of applying ink to Herpes *circinatus*. There is no doubt that, in cases where topical remedies are indicated, they need not be refrained from on account of danger likely to arise from repel-

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\* “Ipsa autem ulcera, si mediocriter serpunt aqua calida; si vehementius vino calido fovenda sunt”—*De Medicina*, lib. v. c. 27, § 5.

† A Treatise on Diseases of the Skin, chap. v.



ling the eruption: for although this has happened, yet, experience has demonstrated that it is not very likely to occur. When the eruptions are solitary and circumscribed, and cannot be traced to any derangement of an internal organ, topical applications may be at once resorted to, varying their nature according to the character and the period of the eruption. In the commencement, whilst the inflammation, heat, and tingling remain, the applications should be cooling and sedative; but when these symptoms have been allayed, astringents and moderate stimulants may be employed.

From this sketch of the general treatment of Herpes, it must not be inferred that it is a disease always under the control of medicine. Cases occasionally occur of extreme severity and long duration; consequently the favorable prognosis which may be always pronounced respecting its danger, does not authorize the practitioner to regard it, in every instance, with indifference. It is true that, when the local varieties appear as critical of some acute disease, Herpes may be disregarded, and treated merely by topical applications: but when it is dependent upon, or complicated with, internal diseases, the most acute sufferings from deep-seated pain are to be allayed; the irritable state of the nervous system is to be soothed; and the digestive function improved. An accurate knowledge of the internal disease must, in every case, be obtained, before any measures can be taken likely to prove effectual in removing the morbid condition of the skin.

Bateman has described five species of Herpes; namely—1, *H. phlyctænodes*; 2, *H. Zoster*; 3, *H. circinatus*; 4, *H. labialis*; 5, *H. præputialis*; and 6, *H. Iris*. Rayer has separated *H. Zoster* from this list, and placed it among the *Bullæ*: but he has added three other local species, namely, *H. auricularis*, *H. palpebralis*, and *H. vulvaris*: whilst Bielt regards all the forms of the disease as varieties of *H. phlyctænodes*, differing only in the seat of the eruptions and the form of the vesicular patches. Close observation of the character of these eruptions, however, has convinced me that *H. Iris* is a distinct species: and, on this conviction, the following arrangement of the genus is founded.

SPECIES I. *H. phlyctænodes*.

\* *Varieties depending on the form of the vesicular clusters, migratory.*

*Var. a. H. Zoster.*

*b. H. circinatus.*

\*\* ——— depending on the site of the eruption, non-migratory.

*c. H. labialis.*

*d. H. palpebralis.*

*e. H. auricularis.*

*f. H. præputialis.*

*g. H. vulvaris.*

SPECIES II. *H. Iris*.SPECIES I.—HERPES *phlyctænodes*\*.

This species of Herpes may be regarded as the type of all the varieties arranged under it; but it does not affect any particular locality, nor assume any determinate form. It usually appears in irregular, agglomerated, small vesicles, at first not larger than a millet seed; displaying themselves sometimes on the chest or upper part of the trunk of the body, or on the neck, or the cheeks; sometimes on the arms, extending to the hands and the fingers; more rarely, but occasionally, it commences on the legs. Sometimes a single cluster only displays itself; but, at other times, many break out at the same time, and coalesce, and rapidly extend, new clusters successively appearing for nearly a week. Each fresh crop of the eruption runs the same course as those crops which preceded it, whilst the termination of the whole is usually completed before the tenth or fourteenth day; although the period is sometimes extended to twenty days.

The clusters of vesicles vary from an inch to three or four

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\* VERN. SYN. Dartre (*Fr.*); die Flechte (*Germ.*); Miliary Tetters (*Eng.*).

NOS. SYN. Ερπητης Φλυκταινωδης (*Auct. Græc.*); Herpes miliaris (*Sennert, Hoffm. Good*); Dartre phlyctænode (*Alibert*); Herpes phlyctenoide (*Bielt, Rayer*).



inches in magnitude (Pl. 1. *a b*). Each cluster contains vesicles of various sizes, from the minutest point to one third of an inch in diameter; but the smaller vesicles are always the most numerous. Whether the clusters are distant or near, the intermediate skin appears almost of its natural colour, unless a number of small clusters are crowded together, when the portions of interposing skin are red and inflamed (Pl. 1. *c c*). The patches generally extend longitudinally, especially when they appear on the extremities.

S. The eruption is commonly preceded by some slight constitutional derangement, such as languor, anorexia, or a febrile attack. It first displays itself in a number of small red points, grouped in a somewhat circular form; or it appears as an irregular red blotch, which feels rough to the finger. On the following day, the patches are covered with small, transparent, shining, incompressible vesicles; whilst the redness extends a small space beyond the outline of each group. At first, the vesicles are nearly pellucid and globular; but, in twelve or fourteen hours, the contained lymph becomes opaque, and of a milky or pale yellow colour. On the third, or the fourth day, the vesicles appear shrivelled; after which, the centre sinks and forms a dry brown crust or scab, that, after six or eight days, falls off, and leaves a red spot, which slowly regains the natural colour of the skin. In some instances the vesicles burst, and, having discharged their contents, either form the usual scabs, or slight ulcerations remain, which are sometimes difficult to heal.

During the extension of the eruption, when it is not confined to a single patch, the appearance of each cluster of vesicles is preceded by a sensation of pungent heat in the part, and restlessness. On the breaking out of the vesicles, these symptoms are followed by itching and tingling, aggravated by taking food, or swallowing warm or stimulating fluids; or by external heat, and when the patient is warm in bed.

The constitutional affection is not always immediately relieved on the first appearance of the eruption; but it gradually abates as the clusters progress and extend. The smaller the vesicles are, the more extensively the eruption spreads over the body. It most frequently affects the arms, the thighs, back and face.

C. Herpes *phlyctænodes* often appears without any obvious cause. It is usually referred to cold; violent exertions\*; or to having drank water in a heated condition of the body: but it most commonly depends on some derangement of the chylopoietic viscera; and this is rendered more probable when the patient has previously complained of obtuse pain in the posterior part of the head, headache, vertigo, or a sensation of fulness or distension of the head, with languor, a disinclination to any exertion either of mind or body, and depression of spirits. It has been attributed to mechanical causes, in an excited condition of the system, (see Case II).

D. Herpes *phlyctænodes* is readily distinguished from the other varieties of the species, by the disease appearing on several parts of the skin at the same time; by its extension, sometimes, over a great portion of the surface of the body, as well as by the irregular form of the clusters; and the nearly miliary character of the vesicles. The younger and more robust the patient is, the vesicles are more decidedly miliary, and spread more extensively over the surface of the body.

Biett and some other continental writers have considered it necessary to point out the distinction between this species of Herpes and Pemphigus; but it is scarcely possible to confound the former with a disease in which the eruption consists of large, distinct bullæ; or even with *Pompholyx*, the bullæ of which are numerous, and sometimes approach one another; but they never appear in aggregated patches like those of the small vesicles, which characterize the eruption of Herpes *phlyctænodes*.

T. The treatment of this species of Herpes is conducted upon the general principles already laid down; but modified according to the age and constitution of the patient. Thus, if the patient be young and robust, and the pulse indicate the necessity of depletion, a moderate bleeding may be necessary at first; but, in general, gentle aperients, demulcents, the use of the warm bath, and a mild diet, consisting chiefly of milk and farinaceous matters, are adequate to answer every inten-

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\* Turner mentions the case of a servant who walked in the heat of the day from her master's country house to London, and was seized with a burning heat and tingling in her thigh, which was immediately followed by Herpes.—*Treatise on Dis. of the Skin*.



tion. When the case is protracted, minute doses of the blue pill, or Hydrargyrum cum Creta, with decoction of Sarsaparilla, will be found useful.

With the exception of the warm bath, at 95° Fahrenheit, or the aqueous vapour baths, topical applications are seldom requisite. If the itching be very troublesome, it is rapidly allayed by applying over the affected parts pledgets of lint, soaked in a lotion, consisting of equal parts of tincture of opium, alcohol, and water. If the vesicles happen to be rubbed, and ulceration occur, this is best treated with a solution of sulphate of zinc. Bateman says “that the little ulcers may be touched with butter of antimony\*” (*chloride of antimony*); but I have never met with a case which required it.

The following cases are well calculated to demonstrate the efficacy of a more active plan of treatment than is usually requisite, when the eruption is accompanied with an inflammatory state of the habit.

### CASE I.

John Basset, æt. 40, a coach-painter, was admitted, March 5, 1838, into University College Hospital. He is of a sanguine temperament, and naturally delicate; a widower; temperate and regular in his habits: his place of abode is not very healthy. He is a native of Somersetshire; but he has resided in London twenty years, and has always enjoyed very good health, with the exception of an attack of typhus fever sixteen years since. He never had any venereal disease.

About a fortnight before last Christmas he caught cold by getting wet through, and remaining in his damp clothes: at this time, he was an out-patient at Charing Cross Hospital, for a complaint which consisted of chilliness, numbness, and stiffness of the limbs, with little pain. He likewise had cough, with an expectoration of thick sputa, occasionally mixed with blood. He was rapidly recovering, when, having caught a fresh cold, he felt some pimples on the back, where

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\* Pract. Synopsis, 7th ed. p. 325.

a plaster had been applied in consequence of a fall. The eruption gradually increased, stretching round to the abdomen; and, subsequently, appeared on both upper and lower extremities. It was not attended with any itching or tingling; it, however, smarted a little.

On his admission into the Hospital, the eruption had assumed a vesiculo-pustular character. It covered the lower part of the abdomen, the back, and the thighs; the legs were also partly covered by it; and there were some clusters on the shoulders, the breasts, and around the mouth. The eruption appeared to be in different stages of its progress: on some parts, in the *most recent* stage, it consisted of minute, firm, red elevations; in the *more advanced*, there were perfect vesicles, about the size of a millet seed, having an inflamed base; in the *still further advanced*, the vesicles were larger, firmer, redder, and contained a more opaque, purulent-like fluid; and when *most advanced*, the vesicles were shrunk, and covered with a little brownish crust or scab. The clusters in many parts formed irregular circles and semicircles. The general appearance of the patches of surface on which the vesicles were seated was dark red, particularly on the legs. It caused no uneasiness, unless when accidentally rubbed; neither did it itch, or smart, or tingle. The general health of the patient was apparently good: there was no obvious disturbance of stomach; no affection of the chest nor of the heart. The pulse was small and quick.

V. S. ad  $\frac{3}{4}$ x. Balneum Calidum omni nocte.

R Pulveris Jalapæ comp.  $\mathfrak{z}$ i, cras primo mane sumendus. Low diet.

March 9th.—Much of the eruption has died away; but fresh vesicles are appearing. The blood taken on the 5th was buffed. Sumatur Pulveris Jalapæ comp.  $\mathfrak{z}$ i, alternis noctibus. Balneum Calidum secunda quâque die. Let him have middle diet.

16th.—The eruption is less on every part; indeed, it is dying away. Pergat in usu pulveris. Give him a pint of milk daily.

19th.—The eruption is much less distinct. Haustus purgans pro re nata. Let him have full diet.



23rd.—The eruption is nearly gone. He complains only of great weakness.

26th.—Improving. The jalap powder causes griping.

℞ Extracti Colocynthis comp. gr. v.

Pulveris Scillæ, gr. ii.

Pulveris Ipecacuanhæ, gr. i.

Ft. pilulæ ii, alternis noctibus sumendæ. Omittatur Pulvis Jalapæ. Balneum Calidum tertia quaque die.

30th.—The remains only of the eruption is to be seen; but he is still weak.

April 3rd.—Much the same. Omittatur Balneum.

9th.—He has been complaining of pain in various parts of the limbs, something like rheumatism. Omittantur medicamenta.

℞ Sol. Potassii Iodidi, m. xx, ter quotidie.

13th.—The pains are rather better than they were; but he is still very weak. Pergat in usu guttarum.

16th.—He is still very weak, but in no pain.

℞ Potassii Iodidi Solutionis, m. xxx, ter quotidie.

20th.—He is getting gradually stronger.

24th.—Discharged, cured.

In this case, the propriety of the bleeding is questionable. The moderate purging, and regulated diet, with rest and quiet, seem to have been the chief sources of the recovery.

## CASE II.

Ann ———, æt. 25, a single woman, was admitted, 27th August, 1838, into University College Hospital. She has not menstruated for the last three months until to-day; and, during this time, she has suffered much from pain in the head, and giddiness. On Saturday last, August 22nd, she observed a few small, red patches on the left arm, which were attended by great smarting and heat. After a few hours, these became clusters of minute vesicles, and fresh ones continued to make their appearance both on the left and the right arm, so as to form large patches. The affected parts continued very red and hot; but she experienced no uneasiness before the appearance of the eruption. There were likewise a few small patches on the neck. The pulse was 120, and sharp; the tongue white and its papillæ slightly elevated;

the bowels were open. There was great thirst, no appetite, and much pain in the head. V. S. Brachio ad ℥xvi.

℞ Calomelanos gr. viii, hora somni sumendus. Haust. Sennæ primo cras mane.

29th.—The blood taken on the 25th was buffed and cupped. The heat of the skin began to diminish before the blood ceased to flow, and the patches became much paler. The bowels have been freely acted on by the medicine. V. S. Brachio ad ℥xvi. Repetantur Calomel et Haustus.

31st.—The blood last taken was also buffed and cupped. The heat and redness are much diminished; the bowels have been freely opened by the medicines. Repetantur Medica-menta.

Sept. 1st.—The parts of the skin occupied by the eruption are much paler, and the heat is greatly diminished, except about the right wrist, where it is greater than at the last visit; it is also very painful. She feels very weak. Admoveantur hirudines sex manui dextro. Omittantur Medica-menta.

3rd. The pain and heat of the wrist are gone; the heat of the parts occupied by the eruption is not above the natural standard: the eruption itself is much paler, and it is rapidly disappearing. Full diet.

5th.—The cuticle is desquamating in some parts, chiefly where the eruption was the greatest; the colour is approaching to that of the surrounding integument. She is daily gaining strength.

8th.—Discharged cured.

#### VARIETIES OF H. PHLYCTÆNODES.

##### A. Depending on the form of the Eruption.—Migratory.

*Var. a. H. Zona\**. (Pl. 2). This variety, well known under the name *shingles*, has an affinity, in some respects, to

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\* VERN. SYN. ζώνη (Greek): Zona, Ignis sacer (Lat.): Le Zone, Ceinture dartreuse (Fr.): Feuergürtel, der Gürtel (Ger.): Zeker Zeer (Dut.): Sarpullido (Span.): Fuoco salvatico (Ital): Shingles (Eng.).

Nos. SYN. Zoster (Pliny): Ignis sacer (Celsus): Zona (Scriben. Sagar, Russel): Zona ignea (Hoffm. Darwin): Hieropyr Zoster (Vogel): Herpes



the febrile vesicular eruptions; for although it is not contagious, and may attack the same individual more than once, yet it runs a course almost as regular as the vesicular Exanthemata, namely, that of incubation, premonitory fever, eruption, maturation, and decline.

The disease is not uncommon in the metropolis. It is characterized by irregular, various sized, red, inflamed patches, which are covered with clusters of pearl-like vesicles, some of which are agglomerated, others distinct; the clusters usually extend in a manner which gives the whole the appearance of a half-zone or girdle, when the eruption is seated on the trunk of the body. This form of the eruption is not the result of a crop of continuous vesicles, but it is made up of isolated clusters (Pl. 2, *a b c*), with intervals of unaffected skin between them; and these spaces are sometimes considerable. In some instances the patches appear at the opposite extremities of the half-zone; and, progressing, join by successive clusters extending towards the centre.

The clusters of vesicles most commonly appear on the right side of the body; but, on whichever side they first appear, there they remain: they never display themselves on both sides, even when they appear across the shoulder or on

*Zoster* (*Hoffm. Sauv. Bateman*): *Erysipelas phlyctænodes* (*Cullen*): *Ecephylis*, *Herpes Zoster* (*Good*).

The terms *Zona*, *Zoster*, *a belt*, and *Shingles*, a corruption of the Latin *Cingulum*, have evidently originated in the form which this variety of Herpes assumes on the trunk of the body. Pliny (Nat. Hist. lib. xxvi. c. 11) terms the disease simply *Zoster*: Celsus describes it under the name *Ignis sacer* (*de Medicina*, lib. v. c. xxviii. § 4); and Scribonius Largus, under the appellation of *Zona*.—"Zona quam Græci ἐπὶ πηττα dicunt" (*de Compos. Medicam.* c. 13). Sauvages (*Nos. Method.* C. iii. g. viii.); Cullen (*Synopsis Nosologiæ Meth.* Cl. i. Ord. iii. g. xxxi); and Frank and Richter have placed it under *Erysipelas*. Cullen, however, seems to doubt the propriety of this arrangement in the following note:—"An hæc species ad item cum erysipellate vesiculoso genus recti referatur, dubito; sed judicant periti." Rayer (*Traité des Mal. de la Peau*, lib. i. p. 202) places it among the *Bullæ*, and regards it as the intermediate link between the *Vesiculæ* and *Bullæ*; an opinion which Cazinave and Schedel severely and justly criticise, remarking that the affinity between H. *Zona* and the *Bullæ* is "absolument rien." (*Abrégé pratique des Mal. de la Peau*, p. 101.) In my opinion, the vesicles of H. *Zona* depend solely on inflammation of the reticular web of the cutis, and never extends, as in *Erysipelas*, to the whole cutis, or to its subcutaneous cellular tissue. Burserius has placed it among the febrile exanthemata. (*Inst. Med. Pract.* t. xi. cap. 3.)

the thigh, which sometimes occurs. I have seen the eruption extending obliquely, from the loins or the nates, down the thigh to the knee. Rayer mentions having seen similar cases: and he also mentions a case in which the eruption attacked the face and extended into the mouth\*. In a few rare instances, the zone has extended round the body; a circumstance, however, not very likely to happen, as the first clusters generally have run their course, and even desquamated, before the last have risen†.

S. The appearance of the eruption in *H. Zona* is not always preceded by the obvious constitutional derangement, which is not uncommon in *H. phlyctænodes*: often no precursory symptoms are felt; and the patient is first made aware of the presence of the eruption by a slight sensation of heat or of tingling in the part; and, on examination, he finds vesicles already present. But sometimes there are decided premonitory symptoms: namely—a general feeling of discomfort; loss of appetite, and slight febrile rigors; the pulse is occasionally quickened, and somewhat augmented in force; there is also sickness, and pains dart across the chest and the epigastrium. There is almost always a sensation of painful tension, and

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\* In detailing the case, he notes the following appearance. “La moitié gauche de la langue est tuméfiée, épaisse, rouge et couverte de plaques blanches, molles, irrégulières. Les unes ont le volume des vésicules de la peau, les autres se rapprochent des bulles pour leur plus grand dimension. L'épaisseur de ces plaques est égale à celle d'une feuille de papier. Quelques-unes de ces plaques, formée par l'épithélium épaissi, sont presque détachées. De semblables plaques blanchâtres existent à la surface inférieure de la langue, sur la paroi interne de la joue gauche, et sur la moitié gauche des gencives et de la lèvre inférieure; mais on n'en voit point sur le palais ni sur la lèvre supérieure. Enfin cette affection est limitée d'une manière extrêmement exacte de la ligne médiane. La moitié droite de la bouche, et en particulier la moitié droite de la langue, ont leur couleur et leur aspects naturels.

La salive, sécrétée en abondance, est filante; l'haleine est fétide, mais n'a point l'odeur particulière qui s'exhale de la bouche chez les personnes qui ont abusé des préparations mercurielles.” *Traité des Mal. de la Peau*, tome i. p. 220.

† Bateman remarks that the rarity of the two ends of the Zone meeting, probably gave rise to the popular apprehension, which is as old as Pliny, “that if the eruption completed the circle of the body, it would prove fatal.” “*Zoster appellatur, et enecat si cinxerit—*” (Pliny, *Nat. Hist.* l. xxvi. c. 11). Bateman affirms that he has “seen the clusters extend across the *linea alba* in front;” and Turner, Dr. Russel, and Tulpus, saw cases which contradict this affirmation of Pliny. *Synopsis*, 7th edit. p. 327, note.



scalding heat, in the seat or spot where the first patches of the eruption are about to appear : indeed, the pain is, sometimes, so deep seated and severe, when the eruption is breaking out on the chest, as to induce the belief of the presence of pleurisy, and the necessity of bleeding. A greater or less degree of pain remains during the presence of the eruption ; and sometimes the pain, in a mitigated degree, continues for a week or more after it has disappeared.

The vesicles, when first they appear, are small, have a silvery lustre, and are pellucid : they gradually enlarge, and acquire their utmost size, which rarely exceeds that of a large pea (Pl. 2, *d e f*), in three or four days : and, at this time, the inflammation is of a vivid red at the base of the vesicles. Before this period, however, the fluid in the first clusters of vesicles becomes opaque, and they acquire a milky, or pale yellow, or bluish hue, causing the supposition that the fluid is pus, or a fluid of a sanious character. Rayer says, “ Lorsque l’inflammation est plus intense, les vesicles et les bulles ne tardent pas a contenir de veritable pus\* ;” but this requires farther proof. The vesicles next shrivel, or sink in the centre, and subside in the form of thin scabs (Pl. 2, *e f*), which fall off in ten or twelve days, and leave a reddish, somewhat livid spot, which slowly disappears. If the vesicles are accidentally rubbed, they break, discharge their contents, and either crust over or become ulcerated. When the latter occurs, the ulcers are, sometimes, difficult to heal, and hollow cicatrices or pits remain.

These symptoms vary according to circumstances. The febrile excitement, when present during the breaking out of the vesicles, generally subsides when the eruption is completed ; but this is not constant ; on the contrary, I have observed the uncomfortable feelings, and the fever rather augmented than diminished during the whole period of the eruption : even the deep-seated pain which precedes it has suffered no abatement. Hoffman also mentions its continuance†. In severe cases, psyraceous pustules sometimes ap-

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\* *Traité des Mal. de la Peau*, t. i. p. 203.

† Inde quidem symptomata remiserunt, excepto exquisito ardente dolore, qui tantus erat, ut nec somnum capere, nec locum affectum contingere posset. *Med. Syst. Rat.* t. iv. p. i. cap. 13, § 6. obs. vi.

pear amongst the vesicles. The lymphatic glands in the axilla occasionally swell when the thorax is the seat of the eruption.

C. The causes of Herpes *Zona* are often obscure. It attacks the young and robust, as well as the aged and infirm; and it more frequently appears in men than in women; yet those of a thin and irritable skin seem to be most liable to its attacks. It has been ascribed to exposure to cold after violent exercise. It is more frequently seen in summer and in autumn, than in spring and winter. In many instances it appears as a critical eruption at the termination of acute diseases. Biett mentions small-pox as one of these. It is highly probable that a deranged state of the digestive organs is the most frequent predisposing cause. It is not an unfrequent attendant on inflammatory duodenal dyspepsia. It is certainly not contagious.

Mental causes seem, also, to operate in its production. Schwartz saw three instances which followed violent fits of passion\*; and Plenck saw it occur twice after violent anger, and a copious potation of beer†. The severest case I ever witnessed occurred in a gentleman, during a fit of vexation from the loss of a large sum of money. It is unnecessary to notice the imaginary causes to which the old authors referred it.

D. The form of the eruption in H. *Zona* at once distinguishes it from every other vesicular eruption; although before its full development, when only one or two clusters of vesicles have appeared, it may be mistaken for H. *phlyctænodes*; but as the eruption proceeds, the characteristic features of the disease become too clearly obvious to be mistaken. On the limbs, where it sometimes appears, it spreads longitudinally; nevertheless it is easily recognised. It has no resemblance either to Erysipelas or to Pemphigus.

P. The prognosis is always favourable, the disease being generally slight, and free from danger. In none of the cases which I have treated has it displayed much severity; indeed, in the greater number, it has required scarcely any treat-

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\* *Diss. de Zona serpigiosa.*

† *De Morbis cutaneis*, p. 28. Both quoted by Bateman, *Synopsis*, 7th ed. p. 370.



ment beyond a simple aperient. Some authors, nevertheless, amongst whom are Platner and Hoffman\*, have deemed it a malignant and dangerous disease; and Langius† has recorded two fatal cases of it occurring in noblemen: but Dr. Bateman, in noticing these, has suggested the idea that they mistook the disease. The ulcerations which occasionally occur from breaking the vesicles, are sometimes difficult to cure: and cases have occurred, in old men, in which the eruption was followed by gangrene of the skin. In general, however, it is free from danger; an opinion in which most writers agree.

The idea of danger from the retrocession, or the repulsion of the eruption, is not altogether vague; De Miza relates an instance in which its repulsion was immediately followed by an intermittent‡.

T. The treatment of H. *Zona* is generally very simple, consisting of purgatives; diluents; warm baths, and fomentations. When the patients are of an irritable habit, impatient under pain, and when the inflammation is more than usually acute, tonics and a regulated diet are indicated. Bateman mentions diaphoretics; but in no instance have I ever found them required§. Bleeding, general or local, is rarely or never requisite; nevertheless Rayer recommends both general and local bloodletting, although he limits the use of the former to those cases in which the eruption occupies a large surface, or when it is complicated with other inflammatory affections.

*Purgatives.* These should be gentle, and especially when the eruption is suspected to be connected with inflammatory duodenal dyspepsia. Castor oil is admirably adapted for such cases: it should be administered in small doses, namely, a drachm, or, at the utmost, double that quantity, rubbed up with Acacia gum and simple distilled water. In such doses, if it fails to move the bowels, it soothes the inflamed mucous

\* *Med. Syst. Rat.* t. iv. part i. c. 13.

† *Epist. Med.* p. 110.

‡ *Act. Soc. Med. Hoffm.* t. i. n. 10.

§ Professor Callisen, also, mentions diaphoretics. He sums up the treatment in the following terse manner: “solis remediis internis purificantibus, demulcentibus, lenibus diaphoreticis tractandus.—Graviora symptomata interdum methodum pascant antiphlogisticum.” (*Syst. Chyrurg. Hodiern.* t. i. p. 424.)

membrane; and whatever relieves the primary affection is always serviceable in that to which it has given birth. In ordinary cases, the saline purgatives may be prescribed\*.

*Baths and Fomentations.* If these be indicated, they should be of a temperature not to increase excitement, but to soothe; thence the tepid bath, not exceeding 94° Fahrenheit, is the best. Rayer recommends that they should be emollient and narcotic: but when topical narcotics are indicated, they are best applied in the form of fomentations. These undoubtedly allay the pain; but, if they are long continued, they favour ulceration. I have seen no applications more serviceable than alcohol, or Eau de Cologne, when the itching and tingling are severe. If pain be also present, a small portion of tincture of opium may be added to these spirituous lotions. I have seen a solution of six to ten grains of nitrate of silver, in an ounce of water, applied by means of a hair pencil or a feather to the part, extremely useful, when the vesicles break.

*Ointments, &c.* With respect to other topical applications, my experience has not led me to place any confidence in the opiate liniments, and astringent ointments recommended by continental practitioners. If the vesicles have broken and the linen adheres to the part, the ointment of oxide of zinc spread on lint is the best means of obviating that evil. Nothing can be more injurious than the custom proposed by the older practitioners of cutting away the vesicles, and applying red precipitate and stimulating ointments to the denuded surface†. Plenck observed the mischief resulting from ointments‡; and the moderns have altogether discarded them. Chomel condemns all topical applications.

*Diet and Tonics.* The diet, although it ought not to be

\* The older practitioners had a dread of purgatives, “founded entirely upon the prejudices of the humoral pathology.” *Bateman*.

† Dr. Russel writes thus:—“*Illa autem ut inspicio vesiculis depressis et minimè tumentibus, ut liviscentibus inducta esse, atque acrem quendam ichorem substare cerno, proinde secantur vesiculæ, et precipitato rubro, cum unguento aur. et cerato, ut medicamenta fixa atque immota emanerent, curantur.* (*De tabe glandulari hist.* 35.) This treatment was recommended by M. Eberl, so lately as 1830, and practiced by him. (*Rust's Mag.* t. xxv. cap. 1, p. 141.)

‡ Pinquia et humida, ut vidi, admodum nocent. *Doct. de Morb. Cutaneis*, p. 28.



stimulant, yet, should not be exclusively farinaceous, nor of too low a description. It should be light, bland, and cooling, and embrace a moderate allowance of poultry or tender mutton once a day. Fish, fat, and salted meats must be prohibited: but in every case it is more important to moderate the quantity, than to select the quality of the food. With regard to beverage, whey, toast-water, or Seltzer water, are to be preferred to any other.

When debility supervenes, on the decline of the disease in severe cases, the best method of rousing the energy of the habit, is the administration of some light bitter, acidulated with diluted sulphuric or diluted nitric acid, in combination with sulphate of magnesia, sulphate of potassa, or some other mild purgative salt.

One of the most distressing symptoms, and the most difficult to combat, is an intense, deep, darting pain which appears on the decline of the disease, and which cannot be allayed by opium or narcotics.

To sum up these remarks on the treatment of *H. Zona*, whatever plan may be adopted, it can be regarded as only palliative of particular symptoms; under no circumstances can the disease be cut short by medicine.

### CASE I.

Jane Owen, aged 13, admitted to the University College Hospital, January 22, 1838 (see Pl. 2). An only child, living at home in Bloomsbury, of a cachectic habit. She says she has been used to live well, and is in general healthy; her skin is very dirty. She was attacked last Sunday, ten days ago, with an eruption, at the upper part of the epigastric region, and extending round on the right side. No general affection preceded or accompanied the eruption. The symptoms, when she entered the hospital, were an eruption of vesicles, attended by slight inflammation; at first they were small and closely crowded, but they increased to a considerable size, one taking the place of several surrounding ones: they then subsided and became rather darker, and depressed in the centre. There was little or no pain or itching accompanying the eruption. She complained of some pain on exposure to the air, or on the application of cold, and a sensation of

burning, at night, in the affected parts. Her general health was good; the appetite was good; the bowels were regular; the tongue was moist and natural. The pulse was small and feeble.

℞. *Magnesiæ Sulphatis* ʒvi, *Infusi Cascarillæ* vi, *Acidi Sulphurici diluti* ʒi, fiat *mistura* cujus *sumantur cochliaria duo* *majora quartâ quâque horâ*.

℞. *Alcoholis* ʒiv, *Aquæ* ʒiiiss, fiat *lotio*, *parti affectæ appliceanda*. Full diet.

Jan. 26.—The red blush surrounding the vesicles is deepened. In some of the vesicles a small quantity of a pus-like fluid appears. Pergat.

Jan. 28.—The old vesicles are crusted over, and no new ones have appeared. Pergat.

Feb. 1.—Convalescent. Full diet. A few marks only remained.

Feb. 11.—Discharged, cured.

## CASE II.

Mr. —, a gentleman, sixty-four years of age, of a melancholic, bilious temperament, consulted me (August 1, 1838) respecting a severe, deep-seated pain on the right side of the thorax, about an inch below the mamma, under which he had been suffering for five days. There was no cough, nor were his sufferings augmented by taking a deep inspiration; the breathing, although slightly hurried, yet, was natural; and neither percussion nor the stethoscope authorized the idea of any affection of the lungs. As he had been subject to rheumatism, the pain was supposed to originate from that disease affecting the intercostal muscles: it was worse at night, and prevented him from lying on the affected side; but it differed greatly from any rheumatic pain which he had previously experienced, being accompanied with a sensation of scalding, and a tingling not unlike that of stinging of nettles. The pulse was 65, small and wiry; and the tongue redder than natural, smooth, and slightly adhesive. The bowels were torpid, and opened only by the aid of purgatives; whilst the urine was high-coloured, turbid, and deposited, on cooling, a pinkish sediment. The skin was natural, but the hands were



cold and clammy; and he experienced great depression of spirits, attended with a feeling of despondency.

As the diagnosis was obscure, the bowels were, in the first instance, merely opened by a full dose of calomel, followed by a black draught; and he was directed to take the following pill at bed-time, instead of an opiate, which always distressed him.

℞ Hydrargyri Pilulæ, gr. ii.  
Colchici Extracti Acetici, gr. ss.  
Aconiti Extracti, gr. i.  
Ft. pilula h. s. sumenda.

2nd. He had no sleep in the night, and obtained no relief from the pain; he was therefore ordered to be cupped on the side, and the dose of the Extract of Aconite to be augmented to a grain and a half.

3rd. The pain and scalding sensation remained unabated, and he spent another restless night: but, this morning, having stated that he felt much tingling and itching on the skin, near the spot on which the cups had been placed, I examined the part, and observed it covered with a red blush, extending obliquely backwards, and covered with several patches of small watery vesicles, evidently Herpes *Zona*. I was surprised that he had experienced scarcely any abatement of the pain and sensation of scalding. The pulse was 68, feeble, and intermittent. His bowels were again freely opened: the pill was continued at bed time; and the following draught was ordered.

℞ Potassæ Liquoris, m. xx.  
Hydrocyanici Acidi diluti, m. iii.  
Calumbæ Infusi, f3xii. M.  
Ft. haustus ter quotidie sumendus.

He was directed to take a small portion of animal food once a day only; and to make the staple of his diet milk and farinaceous matters.

10. The eruption has gradually extended round to the spine, and appears about to terminate at the scapula. Before the last crop of vesicles appeared, the first had shrivelled and crusted over; and many of the thin scabs have already fallen. The pain still continues where the eruption first appeared; but the scalding sensation follows the course of the eruption.

18. The whole of the eruption has desquamated: but slight pain still remains. The appetite is good; the bowels are more regular and more easily moved; and his chief complaint is debility. He was directed to omit his medicines, and to take a light decoction of Cinchona bark; his usual glass of sherry; and to go into the country. He returned to town on the 2nd of September, in his ordinary health and spirits.

No topical applications were employed.

In this case, it is difficult to say how far the Herpetic disease was connected with the deranged condition of the digestive organs. The treatment was directed chiefly to allay the irritable state of the mucous membrane; and, as that became improved, the successive crops of vesicles ceased to appear.

*Var. b. H. circinatus\**. (Pl. 3, fig. 1.) This is a very common variety of Herpes; and, from the annular form which it assumes, it is termed, in this country, *Ringworm*. It is very frequent among children, especially girls of a strumous diathesis. It is confined to no class of society, being as frequently seen in the highest as in the lowest ranks. It is most common in warm climates. It is not usually preceded or accompanied by any constitutional disturbance. It is characterized by an eruption of minute globular vesicles, seated upon red inflamed bases, and arranged in an annular form. The space within the ring of vesicles is at first only slightly discoloured, and free from any eruption; but by degrees it becomes rough, of a dull red colour, and an exfoliation succeeds.

S. The eruption of this variety of Herpes is preceded by a sensation of circumscribed tingling and itching, which is followed by a red patch, varying in size from two thirds of an inch to two inches in diameter. It is generally circular, but occasionally oval. The circumference of each patch is covered with minute, globular vesicles, whilst the skin in the centre of the larger circles acquires a slight redness; and, in

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\* VER. SYN. Dartre encroutée (*French*): Ringworm (*English*).

Nos. SYN. Formica ambulatoria (*Celsus, Turner*): Herpes serpigo (*Sauv.*): Annulus repens (*Darw.*): Herpes circinatus (*Willan, Bateman*).



the smaller, much greater degree of redness. The vesicles are at first pellucid, and contain a transparent lymph, which soon becomes opaque. In some instances this fluid is absorbed; in which case, the vesicles shrivel, and almost imperceptibly exfoliate: in others, the vesicles burst, and dark-coloured scabs form over them, which fall in about a week, and leave a red mark behind them. As soon as the crusts form, the centre of the ring becomes rough, not vesicular, and lastly exfoliates. The period in which the vesicular circle rises, matures, and incrusts or terminates, is from eight to ten days; but often fresh circles appear successively, and the disease is protracted for several weeks. In persons of a delicate skin, the redness left after the desquamation of the vesicles continues for a considerable time. In some instances, instead of the ring, a circular patch of vesicles of a larger size appears, surrounded by an inflamed border, accompanied with much heat, pain, irritation, and some degree of fever, which does not immediately abate on the appearance of the eruption, but continues for five or six days. In this form of the eruption, a rapid succession of clusters appears on the face, arms, neck, trunk, and lower extremities. The area of the vesicular clusters extends; and the vesicles, instead of exfoliating, form ulcerations of considerable depth; whilst new circles of vesicles appear successively beyond the former, and in turn ulcerate as the interior of the patch heals\*. The vesicles usually burst on the ninth day, scales form, the fever ceases, and the disease terminates on the fifteenth day.

*Herpes circinatus*, in its ordinary form, generally appears on the neck, the shoulders, the arms, and the chest; rarely on the lower extremities. It is not uncommon, in delicate girls with a thin, white skin, to observe the herpetic circles on the cheeks and the chin.

C. The exciting causes of this variety of Herpes are obscure. It is occasionally an attendant on atonic duodenal dyspepsia; but, as the internal disease is not relieved by the

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\* Bateman (Pract. Synopsis of Cutaneous Diseases, 7th ed. page 334) quotes Celsus as having described this form of Herpes as his second species of *Ignis sacer*.

appearance of the eruption, it is probable that the same condition of habit, which predisposes to the formation of the dyspeptic affection, also renders the skin susceptible to the attack of Herpes, without any direct connection existing between the two diseases. Children, who are the subjects of this form of Herpes, are more liable to duodenal dyspepsia than adults.

Herpes *circinatus* is also often present in that condition of the habit which has been termed strumous dyspepsia. I have frequently observed it accompanying rheumatism in young girls. It is not contagious; but it seems to be occasionally epidemic; as it appears in several children in the same school, and even district, at the same time.

D. The peculiar annular form of this variety of Herpes, namely, a reddish spot surrounded by a circle of minute vesicles, distinguishes it from all other vesicular diseases. When it appears on the scalp, it might be mistaken for that pustular eruption which is named *Porrigo scutulata*. But, independent of the pustular and contagious character of that disease, the fall of the hair where it attacks the hairy scalp, the hard, thick scabs that succeed the pustules, and the protracted course which it runs, are sufficient diagnostic characters to distinguish it from Herpes *circinatus*.

T. Herpes *circinatus* requires no internal treatment, unless it extends widely over the body; in which case some mild aperients may be administered. The best topical applications are alkaline lotions, consisting of liquor Potassæ and Bitter-almond emulsion, in the proportion of two drachms of the former to six ounces of the latter; or weak solutions of Biborate of Soda, or of Sulphate of Zinc, or of Sulphate of Iron, which are superior to ink, so commonly employed. I have found the simple application of pledgets of lint, dipped in cold water, and frequently renewed, as recommended by Rayer, answer the purpose as well as any of the above-mentioned lotions\*. The use of the flesh-brush is a good prophylactic in incipient Herpes *circinatus*, in those liable to frequent attacks of it†.

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\* *Traité Théorique et Pratique des Maladies de la Peau*, t. i. p. 246.

† Underwood on the Diseases of Children, 8th ed. page 459.



In that form of the eruption in which the whole surface of the circular patch is vesicular, and ulcerations occur, the ulcers require to be treated with stimulant ointments.

### CASE 1.

Miss M —, a young lady, eighteen years of age, of a delicate frame of body, who had never menstruated, consulted me respecting a stiffness and pain of the neck, which forced her to keep the head turned towards the right shoulder. Whilst examining the neck, I perceived several circles of *H. circinatus* on the shoulders and neck, and one behind the ears. One of them on the left shoulder was of an oval shape, and nearly an inch and a half in its longest diameter. No attention was paid to the eruption; and medicines for the primary affection only ordered. In a week, every vesicular circle had disappeared.

This was a case of rheumatism, with the appearance and the decline of which the eruptive affection was coeval.

#### B.—*Varieties depending on the locality of the eruption.*— *Non-migratory.*

*Var. c. H. labialis*\* (Pl. 3, fig. 2). This variety of Herpes consists of irregular vesicular patches, differing from those of *H. phlyctænodes* only in the place which they occupy. They sometimes are confined to the upper, sometimes to the lower lips, and, at other times, they surround the whole mouth, extending to the cheek, the chin, and the alæ of the nose. The eruption generally appears on the external part of the lip only, and most commonly at the line of junction between the epithelium and the skin. It is usually critical of some acute disease.

S. The eruption of *H. labialis* sometimes appears suddenly, without any precursory symptoms; at other times, it is preceded by heat and tingling in the part, which continues for some hours before the vesicles burst forth. The lip on which it appears is usually hot, red, swelled, shining, and painful to the touch. At first, the vesicles, which are large,

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\* VERN. SYN. Eruption des levres (*French*): Tetter of the lips (*English*).

NOS. SYN. Exanthema labiale (*Auct. Var.*): Hydroa febrile (*Forestus, Frank, &c.*): Eruption de levres (*Rayer*).

contain a transparent fluid ; but, as in the other varieties of the disease, it soon becomes opaque, and acquires a yellowish hue ; the tumefaction subsides ; and brown scabs succeed, which begin to fall in four or five days, and leave a redness on the skin which soon disappears. The duration of the eruption varies ; but it rarely exceeds ten or twelve days.

C. This variety of Herpes not unfrequently accompanies internal visceral affections, and often proves critical, the disease abating as soon as the eruption appears. It is observed to accompany severe catarrhs, bilious fevers, dysentery, cholera, and acute inflammatory diseases of serous membranes ; and it is commonly regarded as a favourable symptom in the latter stage of malignant fevers. Bateman quotes Huxham\* and Plenck† as authorities in testimony of its occurrence in intermittents. Under such circumstances, we must regard the reaction on the surface, which usually accompanies the decline of these febrile affections, as the exciting cause of this variety of *H. phlyctænodes*.

*H. labialis*, however, occasionally appears to be symptomatic of a distinct description of fever, originating from sudden alternations of heat and cold, long-continued fatigue, and over-exertion. The febrile affection is manifested by rigors, pains in the limbs, headache, lassitude, and languor. “ Under these circumstances,” says Bateman, “ a sort of herpetic sore throat is sometimes connected with it, a similar eruption of inflamed vesicles taking place over the tonsils and uvula, and producing considerable pain and difficulty of deglutition. The internal vesicles, being kept in a state of moisture, form slight ulcerations when they break ; but these heal about the eighth and ninth days, whilst the scabs are drying upon the external eruption‡.”

T. When *H. labialis* is a critical eruption, it requires no treatment except that requisite in the decline of the disease which it attends. When it is hot and tingling, spirituous applications, such as diluted alcohol, or Eau de Cologne, relieve the heat and smarting.

In some instances, however, it assumes a chronic form,

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\* Huxham, de Aere et Morb. Epid. vol. ii. p. 56.

† Plenck, Doct. de Morb. Cutan. p. 83.

‡ Pract. Synopsis, 7th edition, p. 335.



and is attended with a deranged condition of the digestive organs; indeed it may, in such a case, be regarded symptomatic of the dyspeptic affection, and requiring the aid of mild alteratives. The Hydrargyrum cum Creta, in doses of eight or ten grains, combined with a grain of Ipecacuanha, at bed time—and, during the day, the Liquor Potassæ, in full doses, in the decoction of Sarsaparilla—will be found adequate to fulfil every indication.

*Var. d. H. palpebralis.* As this variety differs from *H. labialis* only in the situation which it occupies, namely, the upper eye-lids in catarrhal ophthalmia; and as it does not require any particular treatment; it is unnecessary to comment upon it. The same remark applies to *Var. e, H. auricularis*, which displays itself upon the external ear.

*Var. f. H. Præputialis*\*. This variety of *H. phlyctænodes* appears upon the prepuce, and may excite unnecessary apprehensions respecting the nature of the eruption, from its similarity to chancre. It attacks most frequently the internal surface of the prepuce; but sometimes it appears on the exterior; and occasionally on both surfaces at the same time. It is of frequent occurrence, and returns repeatedly in the same individual.

S. The eruption of this variety of Herpes is always preceded by heat and itching, usually in the inner part of the prepuce, which attracts the attention of the patient; and, on examination, one, sometimes two, round, slightly raised, red spots, about half an inch in diameter, are observed. In a few hours, they are covered with from five to eight small, distinct vesicles, which occasionally become confluent. In twenty-four hours, they become opaque; and, in a couple of days, break and exude a watery discharge. When the vesicles are seated on the inner surface of the prepuce, they often ulcerate. On the fourth day, the redness and swelling have disappeared, and a superficial sore remains, tender, and covered with a kind of mucaginous discharge. When no curative measures are adopted, the ulcer gradually heals in ten or twelve days; but, in severe cases, it has remained for

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\* VER. SYN. Herpes du Prepuce (*French*): Herpes or Tetter of the Prepuce.

five or six weeks. The crusts, which succeed the external eruption, usually fall on the thirteenth or the fourteenth day, and leave no mark behind them. When the eruption appears on the external part of the prepuce, however, it rarely ulcerates. It sometimes recurs, periodically, every six or eight weeks\*.

C. This form of Herpes has been ascribed to an irritable state of the urethra, the precursor of stricture†; to the use of mercury‡; and to sympathy with a deranged condition of the digestive organs. I have witnessed it where neither stricture existed, nor mercury had been taken, nor any derangement of the digestive organs was apparent. It is, nevertheless, often an accompaniment of inflammatory duodenal dyspepsia. I have a case, under my care at present, in which the disease alternates with relaxation and œdema of the uvula. When no constitutional derangement is present, it appears to depend on a morbid condition of the generative organ itself, since the secretion of the follicles of the glans (*glandulæ Tysoni*) is always unhealthy at the time; and the disease is more frequent in those who are continent than in libertines and in married men. It is not contagious.

D. In the vesicular state, this eruption cannot be confounded with chancre; but, in the ulcerative state, it has been mistaken for incipient chancre, and treated as such; and this is more likely to occur when any irritant or escharotic applications have been employed, as these generally extend the ulceration, and produce a deep-seated hardness beneath the sore. In Herpes *præputialis*, when not improperly treated, the absence of a hardened base, raised, ragged edges, and an excavated, sloughy surface, afford sufficient diagnostic features to distinguish it from chancre: when it has been irritated, the distinction is less obvious; but, when any doubt

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\* An anonymous writer, in the second volume of the *London Med. Repository*, 1814, p. 371, adverts to the case of a gentleman who had suffered from it eighteen times in two years and a half. It rarely happens that the inflammation is sufficient to cause sympathetic swellings in the inguinal glands: nevertheless, Mr. Evans states that he has seen several instances of such swellings caused by it. (*Pathological and Pract. Remarks on Ulceration of the Genital Organs*. Lond. 1819, p. 27.)

† This was the opinion of Mr. Royston, who *first* described this eruption. (See *Med. and Phys. Journ.* June 1810.)

‡ This was the opinion of Mr. John Pearson.



remains, the administration of mercurials should be refrained from until the doubt is removed.

P. This variety of Herpes is of little consequence when it is properly managed; but, when it has been mistaken for chancre, and treated with escharotics, ulceration occurs, and the ulcers are sometimes difficult to cure.

T. No diseased condition of a part is so easily removed as this form of Herpes, when it is not connected with dyspeptic arrangements. Dr. Bateman recommends “a little clean, dry lint to be interposed twice a day between the prepuce and the glans\*.” I have not found this sufficient, unless it is conjoined with frequent ablutions with *hot* water, and the administration of two or three doses of magnesia, or any other antacid, in combination with a gentle purgative. All ointments and lotions should be avoided. When any mercurial application, especially the ointment of the Binoxide of mercury, has been used, the superficial ulcer is apt to degenerate into an ill-conditioned sore; and a disease, simple and easily managed, may thus become a source of much suffering to the patient. As such applications, also, induce the suspicion that the practitioner entertains the idea of the existence of syphilis, the comfort and peace of domestic life may be disturbed by them, and a permanent injury inflicted upon an innocent person from ignorance and mismanagement.

*Var. g. H. Vulvaris.* This variety closely resembles *H. præputialis*, both in its aspect and its origin. It appears upon the labia pudendi, and is most frequently seen in pregnant women, and those affected with leucorrhœa. Cleanliness, and the regulation of the bowels, constitute the only treatment requisite in *H. vulvaris*, unless the disease be the consequence of digestive derangements.

## SPECIES II. HERPES *iris*.

This is a rare form of Herpes, and differs in all its characters from *H. phlyctænodes*, and its varieties (Pl. 3, fig. 3). It most frequently appears on the back of the hands; sometimes on the instep; and occasionally on other parts of the body; but always on parts where there is little fleshy substance.

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\* Pract. Synopsis, 7th edition, p. 338.

Children and delicate young women, with fair complexions and thin skins, are the subjects most liable to its attacks.

S. *H. iris* first shews itself in the form of small, round, red spots, in the centre of which a flattened vesicle forms, of a yellowish-white colour, and is soon surrounded by several rings more or less distinctly vesicular. Bateman describes the first ring as being usually “ of a dark or brownish-red colour ; the second nearly of the same colour as the centre ; and the third, which is narrower than the rest, is of a dark-red colour ; the fourth and outer ring, or areola, does not appear until the seventh, eighth, or ninth day, and is of a light hue, which is gradually lost in the colour of the skin\*.” The vesicles generally decline, shrivel, burst, and desquamate in the same succession in which they appear ; and commonly the whole has disappeared before the end of the second week. The various rings, however, are seldom so conspicuously distinct as this description would lead us to believe.

C. *H. Iris* can seldom be traced to any constitutional derangement : it has occasionally appeared critical of, or has been followed by, a severe catarrhal affection, accompanied with hoarseness, and an eruption of *H. labialis*.

D. The remarkable appearance of this species of Herpes renders it scarcely possible to confound it with any other disease of the skin. There is, indeed, one species of Roseola which extends in circles ; but the absence of vesicles is a sufficient characteristic to prevent it from being mistaken for Herpes *Iris*.

T. This singular eruption requires no treatment unless it is accompanied with some constitutional disturbance ; in which event, the plan of managing the general disease will neither retard nor advance the progress of the eruption. Fomentations of linseed and emollient lotions recommended by Rayer† are useless. A small piece of soap-plaster laid over the circles favours a kindly and rapid desquamation.

It is a rare disease. I have seen three cases of it ; but no notes of them were preserved.

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\* Practical Synopsis, 7th edit. p. 340.

† Traité Theor. et Prat. des Mal. de la Peau, t. i. p. 36.



## HERPES MODIFIED BY SYPHILIS.

In speaking of this modification, it is not intended to imply that Syphilis can be the cause of any form of Herpes; but merely to designate, by this expression, an attack of Herpes occurring in a subject who is labouring under Syphilis. The only form of Herpes which I have observed accompanying Syphilis is that of *H. phlyctanodes*; and it differs from it only in the darker colour, and the coppery hue of the inflammatory patches on which the vesicles are seated.

This combination of Herpes and Syphilis is rare. I have seen two cases only of it; and therefore I do not consider my materials sufficient to enable me to offer any comments upon it, or even to attempt any detail of symptoms likely to prove useful to the reader. Both cases were treated with mild alteratives; namely, minute doses of the Bichloride of Mercury, administered in the diluted Nitric acid; and the Compound Decoction of Sarsaparilla given at the same time. Both patients were confined strictly to a milk and farinaceous diet; and both completely recovered.

GENUS II. RUPIA\* (*Rhypia*?).

Rupia is a partial, acute, inflammatory eruption of the skin, terminating in small, distinct, flat, gradually enlarging vesicles, containing a sero-puriform fluid, which concretes into accumulating scabs, easily removed and quickly reproduced. The vesicles are usually distant from one another, and a few only are present at a time; but, occasionally, they become confluent (Pl. 1, fig. 1, *h*). The eruption appears first as a small red

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\* This term was not used in the genera of Dr. Willan. It was first employed by Dr. Bateman. It is arbitrarily formed from *ῥυπος*, *Sordes*; but Dr. Good (Nosology, Genus *Ecphlysis*, p. 477) objects to the mode of writing the word, which he contends should be *Rhypia*, the *ῥ* being aspirated, and the Greek *υ* being also, almost always, expressed by the Roman *y*: for example, *rhythm* from *ῥυθμός*; *Sycosis* from *σύνον*, &c.

VER. SYN. Ulcères atoniques, superficiel (F.).

NOS. SYN. Phlyzadium chronicum (*Alibert*); Ecphlysis Rhypia (*Good*).

point (fig. 1, *a a*), on which quickly rises a minute, irregular, but somewhat round vesicle, containing a serous fluid (fig. 1, *b b*). The vesicle being very little elevated, and extending only in diameter, appears flattened. The contained fluid is at first transparent; but it soon becomes opaque, and assumes a sero-puriform aspect. Before the vesicle, however, attains the breadth of the third of an inch, it appears partially flaccid and puckered at the margin (fig. 1, *c c*); and the fluid, escaping, concretes into a nearly flat, brown scab, thickest in the centre (fig. 1, *d d*). In some instances, the scab is increased by successive layers, each wider than the preceding one; so as to form overlapping crusts, and an accumulated crust, which acquires a considerable size, and is elevated into more or less of a conical shape. In other instances, the scab acquires the form and the magnitude of an ordinary sized limpet (fig. 2, *e*),—and nearly an inch in height. In both instances, it is superficial, and easily removed; and, if rubbed off, it is replaced by a fresh scab. The vesicles and the incrustations are surrounded by a dusky-red areola, the cuticle covering which, in the aggravated variety of the disease (*Rupia prominens*), separates from the edges of the scab, and displays, between them and it, a raw, ulcerated surface (fig. 2, *f*), secreting the fluid which forms the new crust. When the disease either spontaneously disappears, or when it is artificially cured, the crusts fall, and leave a red, or somewhat livid-coloured spot, which does not soon recover the natural hue of the skin (fig. 3, *g g*).

Rupia most commonly appears in the arms, the legs, the thighs, and the loins; and occasionally upon the hands and the face.

The eruption is always preceded by constitutional disturbance, generally of a chronic character, which has debilitated and wasted down the body. Some degree of irritative fever is always present, accompanied with a chapped, red tongue, headache, and a sensation of general languor; whilst the countenance is strikingly expressive of painful anxiety. There is always heat, itching, and tingling in the parts on which the eruption appears.

D. Rupia may be confounded with Ecthyma, under which Dr. Willan first classed it; and with some pustular



syphilitic eruptions. The former, indeed, especially *E. luridum* et *cachecticum*, are sometimes found in conjunction with it, and display many features in common with Rupia; but, nevertheless, the two diseases may be readily distinguished from one another. Ecthyma is a pustular eruption; the pustule being seated on a hard, deep-seated, highly inflammatory base, extending into the cellular layer, beneath the cuticle; whilst Rupia is vesicular; the vesicle has no hard base, but is merely surrounded by a red areola, the cuticle over which is traced in continuation with the edge of the scab. The crust of Rupia is easily rubbed off; that of Ecthyma is hard, deeply indented, and firmly fixed. I cannot accord with the opinion of Mr. Plumbe, that Rupia is the advanced stage of Ecthyma, neglected or improperly treated.

In some of the pustular syphilitic eruptions, the scab resembles that of Rupia; but the areola has the copper colour peculiar to these affections, and the base of the pustule and that of the scab are hard. The constitutional symptoms, in these cases, are also sufficient to distinguish them from Rupia.

There is no necessity for detailing the characters which distinguish Rupia from Pemphigus, as it is scarcely possible to confound the large prominent bullæ of that disease with the flattened vesicles of Rupia; nor the excoriations which follow the bullæ of Pemphigus with the crusts of Rupia. The clustered vesicles, their clear serous contents, and the forms which the eruption assumes, readily distinguish Herpes from Rupia.

C. Rupia is not a very common disease. It attacks, most frequently, the aged, the debilitated, and those of intemperate habits, who have been much exposed to the vicissitudes of weather, and who are ill clothed and badly nourished. It is not uncommon, also, to find it a sequel of other diseases; Small-pox, for example, and occasionally Syphilis which has been imperfectly cured; and sometimes it appears as a result of the abuse of mercury. Men, especially those of a melancholic temperament, with a languid circulation, are more liable to it than women. It is more common in adult age than in youth or in boyhood.

That disease which Bateman describes as a species of

Rupia, and which he named *R. escharotica*, attacks only infants and young children: it belongs to the genus *Pemphigus*, not to *Rupia*. I am not aware that *Rupia* is hereditary; it, assuredly, is not contagious. Rayer\* informs us that he has seen it complicated with subcutaneous hæmorrhages of the mucous membranes (*Purpura hæmorrhagica*. Willan).

P. *Rupia*, under no circumstances, can be regarded as a dangerous disease, although it may continue for many months. Its severity is usually in the ratio of the advanced age of the patient, and the delicacy of his constitution. If the crusts be frequently rubbed off, the ulceration which succeeds sometimes induces a degree of low fever, which still farther breaks down the constitution; but, even under this, it rarely or never proves fatal: our prognosis, therefore, must necessarily refer rather to the duration of the disease than to its fatality. When the person is below the middle age, of a moderately sound constitution, and of temperate habits—if the crusts on falling leave an entire, cicatrised surface—we may venture to pronounce that it will be rapidly removed. On the contrary, if the crusts be rubbed off, and the inflammation extends beneath the surface, producing an unhealthy ulcer, the cure is always likely to be protracted.

T. In the treatment of *Rupia*, two indications are to be fulfilled; namely,

1. To change the existing condition of the capillary system, so as to improve the secretions generally, and to convert diseased into healthy action in the skin.

2. To maintain this improved state, by giving tone to the stomach, and consequent vigour and energy to the entire system.

1. The first indication is best fulfilled by the use of mild alteratives; regulating the bowels, and supporting the habit with a light nutritious diet. The best alteratives are the milder mercurial preparations, such as the blue pill, and Hydrargyrum c. Creta, given in very small doses; administering, at the same time, the Iodide of Potassium, also in small doses, in the decoction of Sarsaparilla; or in the decoc-

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\* *Traité des Maladies de la Peau*, tome i. p. 197.



tion of the root of Burdock, *Arctium Lappa*. The latter has, of late years, been too much neglected as a vehicle for more active remedies in diseases of the skin, connected with a deranged state of the mucous membrane. It possesses mild aperient and tonic properties; and proves diaphoretic or diuretic according to the temperature to which the surface of the body is exposed during its administration. I am fully aware that objections have been raised to the employment of mercurials in *Rupia*: certainly, their indiscriminate use, or a too long continuance of them, so as to affect the mouth, is productive of mischief; yet, in minute doses, namely, from a quarter to half a grain of blue pill, or three to four grains of *Hydrargyrum cum Creta*, at bed time, daily, they are not only useful, but, in many cases, essential. When the tongue is red and much chapped, indicating an irritable state of the mucous surface, the *Liquor Potassæ*, in full doses, may be advantageously added to the mixture, with Iodide of Potassium and the decoction of *Sarsaparilla*. The dose does not require to be carried to the same extent as in *Psoriasis*. I have seen no occasion for the employment of narcotics or sedatives in *Rupia*, except as soporifics, when the nights are restless.

Topical applications for fulfilling this indication in the treatment of *Rupia* have been much insisted upon by continental physicians, and even by some British practitioners; but, except in cases where the crusts have been forcibly removed, and have been succeeded by an unhealthy spreading ulcer, which is difficult to heal in old people, I seldom find any necessity for their employment. The applications recommended in such cases may be arranged under the heads of *poultices*, *baths*, *lotions*, *ointments*, and *cicatrissants*.

*a. Poultices.*—These, in my opinion, ought never to be employed: it is always preferable to leave the crusts undisturbed, and to trust to the constitutional treatment.

*b. Baths.*—The simplest, namely, the warm water bath, is the best in *Rupia*: it not only excites the skin, and alters its morbid condition, but its influence is extended to the general habit, and it aids greatly the action of the alteratives. In general, the period of remaining in the bath is too limited to effect any important change upon the diseased skin. In order to render the bath more efficacious, Bielt recommends

alkalies to be added to it\*, especially when the spots ulcerate and the sores are tardy in cicatrizing†.

*c. Lotions.*—When the scabs fall off, and cicatrization does not follow, the ulcerated surfaces may be bathed with a strong decoction of poppy heads and bran: but, in aggravated cases, more stimulant lotions are requisite; namely, bran tea, with Carbonate of Ammonia in the proportion of two drachms to a pint; or with any aromatic. The application of a weak solution of Carbonate of Ammonia to the entire skin has, indeed, a very decided influence in preventing the extension of the eruption: advantage has also been derived from lotions of very dilute Nitric or Hydrochloric Acid. Rayer recommends a solution of the Bitartrate of Potassa. The simple emollient lotions, such as decoction of the marsh Mallow, and similar substances, which are much employed on the continent, are utterly useless.

*d. Ointments.*—I have never seen any ointments useful in Rupia; but Bielt recommends ointments made either with the *Iodide* or the *Biniiodide* of Mercury‡. Rayer recommends the ulcerated surfaces to be dressed with saturnine cerate§, then covered with pledgets of lint, and a bandage to be applied over the whole, so as to keep up a degree of moderate pressure.

*e. Cicatrisants.*—When the ulcerations occur in old persons, and remain extremely indolent, the diseased surface requires to be powerfully stimulated. Every thing which can be expected in such cases may be obtained from the Nitrate of Silver. It may be used either in the form of solution, composed of one drachm of the Nitrate and an ounce of distilled water, or the cylinder of the Nitrate may be lightly passed over the ulcerated surface, and applied to the bordering cuticle, in the mode recommended by Mr. Higginbotham

\* The usual alkaline bath of the French physicians consists of—℥ivss of Carbonate of Soda, + ℥x of Sulphate of Soda, + ℥ii of Chloride of Sodium, + ℥iii of Gelatine, + xxxii gallons of river water.

† *Abrégé Pratique des Maladies de la Peau*, p. 144.

‡ The proportion of the Iodide is a scruple, that of the Biniiodide fifteen grains, to an ounce of fresh lard.

§ The Saturnine Cerate of Rayer consists of cerate of Galen, recently prepared, ℔i, and solution of Diacetate of Lead ℥i; but the *Unguentum Plumbi compositum* of the London Pharmacopœia will answer equally well.



for cicatrizing common ulcers. Biett recommends, also, that the surface of the sores be washed with largely diluted Nitric or Hydrochloric acid; and, in obstinate cases, he advises the use of these acids concentrated, or the Pernitrate of Mercury dissolved in Nitric acid†. The choice of these cauterants must be left to the judgment of the practitioner, guided by the nature of the case.

Under every circumstance, the horizontal position, and resting the affected limb, are essential.

2. In fulfilling the second indication, it is scarcely necessary to say that tonics are the chief means to be relied upon. The Disulphate of Quina, acidulated with diluted Sulphuric acid, may be added to the decoction of Sarsaparilla, or the decoction of Cinchona. In some instances, when the strength has been much reduced, and the emaciation considerable, I have seen advantage derived from the employment of the solution of the Iodide of Iron, in doses of a drachm of the solution, which is equivalent to three grains of the Iodide. The local affection has usually rapidly improved under this treatment.

The diet of the patient labouring under Rupia is of the first importance. It should be light, but nutritious; and assuredly not stimulant. An animal diet, with a moderate proportion of well-boiled vegetables, is to be preferred. It should consist chiefly of mutton or poultry, which should be plainly cooked. Salted meats, highly seasoned dishes, baked meats, pastry and pickles, should be avoided.

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Dr. Bateman has described the various forms of Rupia under three species; namely, *R. simplex*, *R. prominens*, *R. escharotica*. Under the head Diagnosis, I have pointed out the distinction between Rupia and gangrenous *Pemphigus*, the latter of which is in every feature the same disease as the *R. escharotica* of Bateman. I have, consequently, removed that assumed species altogether from the present genus: and as the two other species of Bateman differ from one another only in degree of severity, I feel justified in regarding them

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\* Abrégé Pratique des Mal. de la Peau. p. 145.

merely as varieties of one species, which may be named as follows:

SPECIES I. *RUPIA vulgaris*.

*Var. a.* ——— *simplex*;

*b.* ——— *prominens*.

RUPIA VULGARIS—COMMON RUPIA.

*Var. a.*—*R. simplex* (*Bateman*) is the mildest form of the disease, and displays itself on several parts of the body at the same time. The first appearance of the eruption is a minute red point (*a a*, fig. 1), on which a vesicle rapidly forms, with a slight, red areola. The vesicle at first contains a clear lymph (*b b*); but as it enlarges, the fluid thickens, becomes opaque, and presents a puriform aspect. The vesicle continues flat, but increases in diameter; and finally, becoming flaccid, it changes into a thin, darkish brown, irregular, round scab, thicker in the centre than at the circumference, where it is continuous with the cuticle (*d d*), which is somewhat raised. The part under the crust is a superficial ulcer, which generally cicatrizes before the scab falls spontaneously, or is thrown off from the influence of medicine, leaving a reddish, somewhat livid spot (fig. 3, *g g*), which does not hastily disappear. I have never seen this spot of the colour described by Bateman, namely, “ of a livid or blackish colour, as if from a thickening of the rete mucosum\*.”

*Var. b.* ———*prominens* (*Bateman*). This variety commences and progresses nearly in the same manner as the former; but, the ulceration of the cuticle being more severe, successive scabs form; and, as the one last produced always pushes upwards those above it, they gradually accumulate and acquire elevation, and resemble the convex shell of an oyster, or assume a conical shape, somewhat resembling a limpet (*e e*, fig. 2). The vesicle extends, and the scab forms more rapidly in this variety than in the former; the fluid has also more of a purulent appearance, is more viscid, and is frequently mixed with blood. The cuticle is not so continuous with the edge

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\* Practical Synopsis, 7th edit. p. 342.



of the crust as in *R. simplex*; but it is often separated from it so as to shew the ulcerated base (*ff*, fig. 2), upon which the crust is raised. The colour of the crust varies from a light greenish-brown to a deep brown. The vesicles are always distinct, and generally at a considerable distance from one another; but when they are less apart than usual, the crusts as they extend infringe upon one another, and appear confluent (*h*, fig. 1). The scab is more or less easily rubbed off; and, when it is removed, the denuded surface displays an ulcer of variable depth; which, in a few hours, however, is again covered with a new crust. In old people, and in those of broken-down constitutions, the crusts are not always reproduced; the ulcers also acquire an unhealthy character, and are difficult to cicatrize. It is in such cases that the dark livid spot, mentioned by Bateman, remains; and is long of acquiring the natural hue of the surrounding skin.

This aggravated variety of the disease occurs chiefly in persons who have suffered from the evils of extreme penury, and who have, consequently, been badly clothed, and worse nourished; or in those who have impaired their constitutions by intemperance, or who have been inveterated by some chronic disease. I have had opportunities of confirming Mr. Plumbe's observation, that it occasionally occurs in those who have been the subjects of Syphilis\*; thence mercurial alteratives are more indicated in this variety of the disease than in the former; but I have never found it necessary to push them to the point of salivation. It is a fact that evil has resulted from their indiscreet employment, even when the disease has been a sequel of Syphilis.

#### CASE I. (*RUPIA prominens*).

George ———, a groom, aged 34 years, was admitted a patient into University College Hospital, 23rd January 1840. He is a married man, of good conformation, but of irregular habits. He says his lodgings are damp. He has been subject to inflammatory diseases; and six years since he laboured under gonorrhœa. He affirms that he had no chancre, nor

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\* Practical Treatise on Diseases of the Skin, 2nd edit. p. 445.

sore throat, nor nodes, nor any pains in the bones; and he denies having had any subsequent syphilitic affection; nevertheless, the cartilaginous septum of the nose is perforated, and he speaks with a slight nasal twang.

The present cruptive disease appeared six weeks ago; first on the back of the hands and on the neck. It commenced in distinct small, red, points, resembling those depicted in Plate 1, *a a*, fig. 1, on which flat vesicles rose with a slightly inflamed base, containing a semi-opaque, whitish fluid (fig. 1, *b b*). The vesicles then gave way, and a flat crust formed over them, from the borders of some of which a moisture oozed. Similar vesicles appeared on the thighs about three weeks since; but they were larger, and the crusts more elevated than those which showed themselves on the hands, and which have now disappeared, with the exception of one at the root of the thumb of the right hand.

At present, the eruption occupies the thighs. It is in various states of progress, from the primary red point to the complete, accumulated, conical crust (Pl. 1, fig. 1, *a* to *h*). Fresh vesicles appear daily: they itch on their first appearance, during the time he is in bed and especially towards morning. The pulse is 80, soft and natural; the skin moist and cool. The tongue is coated with a white mucous fur; but the appetite is good, and there is no thirst. The bowels are torpid. The urine is copious, and does not deposit any sediment.

The idea that the patient has laboured under general Syphilis is favoured by the condition of his nose; the septum being red, hot, and painful, as well as perforated by an opening of considerable size, which lays the two nostrils into one, and affects, as I have already stated, the sound of his voice.

He was directed to take a six-grain calomel pill, and a purging draught.

Jan. 25. He remains in the same state; he sleeps badly; the bowels are confined.

R Ricini Olei, f ʒiii.

Aquæ, f ʒi. M.

Haustus primò mane quotidie sumendus.

R Hydrargyri c. Creta, gr. xii.

Conii pulveris, gr. vi.

Sit pulvis, horâ somni, quotidie, sumendus.



R Magnesiæ, ℥iv.

Ipecacuanhæ comp. pulveris, ʒi.

Misturæ Amygdalæ Amaræ, f ʒvi. M.

Sumatur 4ta pars bis quotidie.

Let him be placed on a milk diet.

Jan. 31. There is no change, except that the pulse is sharper, and fresh points of eruption have continued to appear. Omittantur Medicam. ult<sup>o</sup>. prescrip.

Extrahatur sanguis brachio, ad ʒviii.

R Hydrargyri pilulæ, gr. iii.

Jacobi pulveris veri, gr. iii.

Micæ panis, q. s.

Ft. pilula, h. s. quotidie sumenda.

R Potassii Iodidi, gr. iii.

Decocti Sarzæ, f ʒii.

Haustus bis quotidie sumendus.

R Sodæ Chloridi, f ʒi.

Aquæ Distillatæ, f ʒiv. M. fiat injectio, cujus cochleare amplum naribus, ter quotidie, injiciendum.

Feb. 10. The eruption began to improve on the 3rd, when the gums became slightly tender. The crusts are falling off and leaving a sound surface; but the nose has pained him, and it is still red and inflamed. Pergat in usu pilulæ et misturæ; omittatur injectio.

R Argenti Nitratis, gr. vi.

Aquæ Distillatæ, f ʒiii.

Ft. lotio, naribus, ope spongiæ, subinde applicanda.

Feb. 19. He has continued to improve in every respect; the crusts of the eruption on the thighs have all fallen off, and no fresh vesicles have appeared. The nose is also much better. The pills have produced no tenderness of the gums, nor any mercurial fœtor of the breath; but, nevertheless, the cachectic hue of the skin is nearly gone, and the countenance has lost its anxious expression. The tongue is still too red.

Omittantur medicamenta.

R Potassæ liquoris, m. xxx.

Potassii Iodidi, gr. iv.

Conii tincturæ, m. x.

Decocti Sarzæ, f ʒii. M.

Haustus ter quotidie sumendus.

March 5. He has continued to improve, and he is now free from every trace of the eruption, except the coloured portions of the cuticle whence the crusts have fallen; the nose is also well.

He was permitted to leave the Hospital for a couple of hours on the 3rd instant; and it is probable that he committed some irregularity in diet; for, after returning, he was attacked, in the evening, with violent symptoms of colic, without any apparent cause. He was purged, fomented, and took half a grain of Hydrochlorate of Morphia, which relieved him. On the following day, as some fresh vesicles had appeared on his face, he was again purged, and directed to resume his former mixture.

March 9. Convalescent.

March 10.—He left the Hospital on account of improper conduct; but he was free from every vestige of the eruption.

In this case, the advantage of the continued use of the small doses of the mercurial alteratives was conspicuous. As soon as the gums became *slightly* affected, the improvement in the aspect of the eruption commenced; and it continued to advance with an equable and steady pace. The salutary influence of the Iodide of Potassium in the sequela of syphilitic affections is now well ascertained; and, undoubtedly, the effect which it produced on the capillaries in this instance had a considerable share in hastening the cure.

In a case of Rupia, in private practice, in which there was no reason for suspecting the previous existence of Syphilis, or the slightest syphilitic taint affecting the constitution, the Iodide of Potassium, in conjunction with Sarsaparilla, proved equally beneficial as in the above instance.